

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAM ON KNOWLEDGE REGARDING
ADJUSTMENT DISORDER AND ITS MANAGEMENT AMONG
PARENTS OF MIDDLE SCHOOL CHILDREN AT SELECTED
SCHOOL, ERODE.**

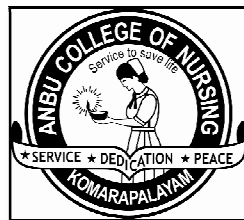
**By
Reg No: 301632551**

**Dissertation submitted to
The Tamilnadu Dr. M.G.R. Medical University, Chennai.**



**In partial fulfillment of the requirement for the degree of
Master of Science**

**In
Department of Mental Health Nursing**



**ANBU COLLEGE OF NURSING
MGR NAGAR, KOMARAPALAYAM
NAMAKKAL DIST, TAMILNADU,**

OCTOBER-2018

ENDORSEMENT BY THE HEAD OF THE INSTITUTION

This is to certify that the dissertation entitled “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING ADJUSTMENT DISORDER AND ITS MANAGEMENT AMONG PARENTS OF MIDDLE SCHOOL CHILDREN AT SELECTED SCHOOL, ERODE**” is a bonafied research work of RegNo: 301632551 ,
M.SC (N)-II year, 2017-2018.

PROF. VIJAYALAKSHMI M.SC (N),
PRINCIPAL,
ANBU COLLEGE OF NURSING,
KOMARAPALAYAM.

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By

301632551

Research Advisor :

Prof. VIJAYALAKSHMI.K M.SC (N),

Principal,

Anbu College Of Nursing,

Komarapalayam.

Clinical speciality advisor :

MS. USHA DEVI.S M.SC (N),

Assistant professor and Head of the Department,

Department of Mental Health Nursing,

Anbu College Of Nursing,

Komarapalayam.

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MENTAL HEALTH NURSING

1. INTERNAL EXAMINER:.....

2. EXTERNAL EXAMINAR:.....

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The reverence of the Lord is the beginning of all wisdom and understanding.

~Psalms 111:10.

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ABSTRACT

Background:

Early adolescence might be broadly considered to stretch between the ages of 10 and 14. They are otherwise called as middle school children. Adolescence is widely recognized as a period of social, religious, political, and vocational adjustments as well as a period of striving for increasing emotional and financial independence from parents. In early adolescence period the children should undergone dramatic changes in all the aspects. Because of this change the children not able to adjust with their life. It is the responsibility of everyone to help the children. Family plays a vital role. So it is important to educate the parents.

Objectives:

To assess the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among middle school children parents.

Methods of Study:

An experimental study was conducted to determine the level of knowledge regarding adjustment disorder among parents of middle school children in panchayath union middle school at mathur, Erode. The research design was one group pre test and post test experimental design. The sample size was 50, purposive sampling technique was used to select the people of parents of middle school children.

Major Finding of The Study:

From the finding of the study pre test 27 (54%) had inadequate knowledge, 23 (46%) had moderate knowledge and none of them had adequate knowledge. during post test 32 (64%) had adequate knowledge, 18 (36%) had moderate knowledge and none of

them had inadequate knowledge. Comparison of mean and standard deviation score of level of knowledge and effectiveness of structured teaching program among parents of middle school children during pre-test and post-test. In parents pre test mean level of knowledge score was 10 with the standard deviation of 3.68 and post test mean level of knowledge score was 19.92 with the standard deviation of 3.77. The mean difference between the pre test and post test value was 33.18. The paired “t” test value of level of knowledge was 19.16 in the parents. the statistically significant value was $P < 0.05$. It is interpreted that structured teaching program can improve the level of knowledge regarding adjustment disorder. Association of the demographic variables with the level of knowledge among parents of middle school children. The chi square test shown that there was no significant association between the selected demographic variables of gender of children, religion, marital status, relationship with their children, source of information and there was a significant association between the age of the children, gender of the parents, educational status of father and mother, occupational status of father and mother, family income per month, residential area, sharing of personal problem with their parents, problematic students should be helped.

Conclusion:

Based on the findings mean post test knowledge level was higher than the mean pre test knowledge level. This result indicates structured teaching program was found to be significantly effective in improving the knowledge level of the parents regarding adjustment disorder and its management.

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CHAPTER-I

INTRODUCTION

“Children are not things to be moulded, but people to be unfolded”

- Jess Lair

Early adolescence might be broadly considered to stretch between the ages of 10 and 14. They are otherwise called as middle schoolers. Adolescence is widely recognized as a period of social, religious, political, and vocational adjustments as well as a period of striving for increasing emotional and financial independence from parents.

According to **WHO (2017)** Worldwide 10-20 % of children and adolescent experience mental disorders. Half of all mental illness begin by the age of 14 and three-quarters by mid-20s. Neuropsychiatric conditions are the leading causes of disability in young people in all regions. If un treated, these conditions severely influence children development, their educational attainments and their potential to live fulfilling and productive lives. Children with mental disorders face major challenges with stigma, isolation and discrimination, as well as lack of access to health care and education facilities, in violation of their fundamental human rights. It is also suggested the comprehensive mental health action plan 2013–2020, adopted by the 66th World Health Assembly, provides a framework for strengthening capacities in countries to address the mental health needs of children and adolescents. The Department encourages the adoption of a life-cycle approach in implementation of mental health policies and strategies.

According to **Erik Erikson’s** stages of human development an adolescent is a person between the age of 10 and 19. Early adolescence can be a difficult experience for many youth. This complex phase of development occurs as children transition to middle school. Within

middle school, adolescents are faced with new challenges including ever changing peer groups and different educational and behavioral expectations. These challenges have been recognized as having some bearing on adolescent adjustment to school. Similarly, the relationships adolescents have at school have been associated with academic adjustment. In the current investigation, it was anticipated that the relational context in which adolescents operate at school should also be linked to other indices of adjustment likely social and behavioral.

According to **Monroe (1990)** adjustment is often used as a synonym for accommodation and adaptation. Strictly speaking, the term denotes the results of equilibrium, which may be affected by either of these processes.

Adjustment starts from the childhood. Adjustment is not a simple term like adaptation or accommodation. It actually a behavioral process by which humans and other animals maintain an equilibrium among their various needs or between their needs and the obstacles of their environments.

Adjustment is a continuous process, not fixed or static state, in fact adjustment is defined as the continuous process of satisfying one's desires, and it involves many aspect of behavior. Adjustment covers four specific areas which are the academic adjustment, social adjustment, personal-emotional adjustment, as well as attachment and commitment towards educational along with institutional goals.

Human behavior normally represents of various problems, needs and requirements and to solve these we have to make an effort on the part of the organism to avoid tension, trouble and other consequences. This process by which a living organism requires a

particular way of acting or behaving or changes an existing form of behavior or action is called adjustment.

The maladjustment refers to a tendency to live in a fancy world, volatile feeling such as fear, anger and excitement, depressive feelings coming from isolation and from feeling of inferiority. The feelings that one is the victim of fate and misfortune, feeling of self consciousness and feeling of being hurt easily, feeling of guilt, worry, anxiety and nervousness.

Life is the continuous adjustment of internal relations to external relations. Every new adjustment is a crisis in self-esteem. All biological phenomena act to adjust, there are no biologic actions other than adjustment. Adjustment is another name for equilibrium. Equilibrium is the universal, or that which has nothing external to derange it. Adjustment problem occurs when there is an inability to make own decision to some need or stress which occur in the environment both internally and externally.

The common adjustment problems are depression, alcoholism, suicide (Attempted and Completed), drug abuse, bipolar affective disorder ,violence, homicide, rape, robbery, aggravated assault, juvenile delinquency, sexual abuse, phobia (Social phobia),conduct disorders and schizophrenia.

According to **Pathak (1990)** Adjustment is a built – in mechanism for coping with the problematic or other realities of life. Adjustment has been considered as an index to integration; a harmonious behavior of the individual by which other individual of society recognize person is well adjusted

In the modern society, life is becoming very complex and conflicting day by day. If a person is well adjusted only then one can survive without psychological stress resulting from maladjustment. Hence adjustment is important in one's life.

Adjustment during the period of adolescence will determine to a larger extent what will one be as a person as an adult. Generally adolescence is believed to be a period of great stress and storm as rapid physical as well as mental changes occur during this period. Every cultural group has expectations of an individual according to their developmental stage. Successful achievement of such developmental tasks leads to happiness and help to succeed in later tasks, failure to unhappiness and a developmental lag.

Young people go through a transition in teenage years and one of the biggest issues they will face affecting mental health and social identity. They experience all sorts of pressures, difficulties and circumstances such as peer pressure, moving to a new school, breaking relationships with friends, arguments with parents, struggle for autonomy, exams, not feeling good enough, changing or chaotic home environment, exam pressure and failures and above all pubertal changes, school exclusion or truancy.

According to **Cairns and Lloyd (2005)** extracted data from the young life and times survey in Northern Ireland and reported that school work and exams was the most cited cause of stress for young people of 16 years old. Anonymous (2004) has examined trends between 1983 and 2003 in young people's emotional health and well being, as reported through their young people and health survey and has found that young people are increasingly more likely to worry quite a lot about school and career problems.

Emotional problems will often affect school work – worry oneself or about what is going at home, makes it difficult to concentrate. Pressure to do well and to pass exams may come from parents or teachers, but adolescents usually want to do well and will push themselves. Excessive nagging can be counter-productive. Exams are important, but they should not be allowed to dominate life or to cause unhappiness. School has two types of responsibilities, to remove those situations/factors/functions which produce maladjustment in students and to detect undesirable behaviour of students and to correct them.

The family is the oldest and the most important of all the institutions that man has devised to regulate and integrate his behavior as he strives to satisfy his basic needs. Successful adjustment to school largely depends on past experiences at home.

NEED FOR THE STUDY

“Knowing the difficulties of middle school children gives us more empathy and strategy in helping them establish their place in the world”

Parents are wondering why my child's is behaving like this. What is the reason for this behaviour. Whether this behavior is right or wrong and what we need to do.

Adjustment disorders are very common among children and adolescents, occurring with equal frequency among boys and girls. Adjustment disorders occur in all cultures; however cultural influences may impact the type of stressor and symptoms experienced. Children and teens of all ages experience adjustment disorder; however, it's thought that the symptoms of the disorder will vary between children and adults. Adults may experience a more emotional reaction while children and adolescents often act out.

The British Medical Association (2006) reported that at any one time a million children are encountering behavioral problems, including depression, violence and self-harm

.The early years of life are important in the development of young children. Parents in 21st Century face many challenges and issues such as poverty, stress and health problems which affect the health and development of children and have linked to behavioral problems in childhood. Schools provide important places to offer preventive intervention by teachers by following certain guidelines of programs .It will be helpful if parents and teachers work together in identifying the early signs of behavioral problems .It is vital that school children with behavioral problems are properly diagnosed so that treatment can be started.

Causes of adjustment disorder

Anyone, no matter the age, gender, race, or ethnicity, can be affected by an adjustment disorder. It is likely the combination of genetics, life experiences, temperament, and changes in the natural chemicals in the brain that cause adjustment problems.

Risk Factors

This may increase a child or adolescent's development of adjustment disorder include:

- Being diagnosed with a serious illness
- Physical or sexual assault
- Death of a loved one
- Problems in school
- Surviving a disaster
- Moving to a new city
- General inability to cope with change
- Other mental health problems

- Exposure to violence

SYMPTOMS OF ADJUSTMENT DISORDER

The symptoms of adjustment disorder will vary from one individual to the next and the symptoms one experiences may be different in another. However, all individuals with this disorder experience symptoms within three months of a stressful event and the reaction to that stressor causes significant impairment in social or educational functioning. Signs and symptoms of adjustment disorder may affect how they feel and think about themselves and life. Some of the symptoms of adjustment disorder may include:

Behavioral Symptoms:

- Tearfulness
- Engaging in self-destructive behaviors
- Withdrawing from friends and previously-enjoyed activities
- Increasing amounts of time spent alone
- Increased absences from school
- Using drugs or alcohol
- Skipping school
- Fighting
- Acting out

Physical Symptoms:

- Muscle tension

- Aches and pains
- Nausea and vomiting
- Diarrhea
- Headaches
- Changes in appetite
- Different sleep patterns
- Heart palpitations
- Fatigue, lack of energy

Cognitive Symptoms:

- Inability to focus on particular tasks
- Feeling overwhelmed

Psychosocial Symptoms:

- Depressed mood
- Worrying
- Jitteriness
- Fear of separation from important figures in child's life
- Feeling hopeless
- Mood swings
- Nervousness
- Aggressive outbursts
- Anxiety

- Stress
- Suicidal thoughts

EFFECTS OF ADJUSTMENT DISORDER

While most cases of adjustment disorder resolve on their own within six months of the event, some children and adolescents could experience long-lasting effects that have been caused by this disorder. These long-term effects may include:

- Insomnia
- Social isolation and withdrawal
- Substance abuse
- Alcoholism
- Schizophrenia
- Depression
- Difficulty concentrating
- Behavioral changes
- Mood swings
- Bipolar disorder
- Antisocial personality disorder
- Self-harm
- Suicidal thoughts and behaviors

Adolescence is a crucial period which faces manifold problems of recognition with their parents, peer groups and all other members of the society. Therefore it is the responsibility of the parents to understand the adjustment problems of their children. Hence the investigator justifies

the importance of exploring the adjustment problems of the adolescents. Family plays the vital in improving and sustaining the adjustment of the children. So, after notice this statistics the researcher has decided to do the research work on the adjustment problem and its management of adolescents by giving knowledge to the parents. The study of adjustment problems among adolescence is essential because directly or indirectly it will affect the adolescence.

STATEMENT:

“A study to assess the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among parents of middle school children at selected school, Erode”.

OBJECTIVES OF THE STUDY:

1. To assess the knowledge regarding adjustment disorder among parents of middle school children.
2. To evaluate the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among parents of middle school children.
3. To determine the association between the knowledge post test scores with selected socio-demographic variables.

RESEARCH HYPOTHESIS:

H1 - There is significant difference in the pre and post test knowledge score regarding adjustment disorder and its management among parents of middle school children.

H2 - There is significant association between post test score knowledge regarding adjustment disorder and its management among parents of middle school children's with selected demographic variables.

OPERATIONAL DEFINITIONS:

Assess:

It refers to the process of measuring the level of knowledge among parents on adjustment disorder and its management which is obtained through structured Questionnaire.

Effectiveness:

It refers to significant gain in knowledge regarding adjustment disorder and its management among parents of middle school children's post test score as measured by statistical analysis.

Structured teaching program:

Refers to systematically developed program with LCD designed to impart knowledge regarding adjustment disorder and its management among parents of middle school at selected school.

Knowledge

Refers to assess the knowledge level of parents regarding adjustment disorder of middle school children and its management by using structured questionnaire with 30 items.

Adjustment Disorder

Refers to maladaptive reactions that occurs due to physical, social or psychological stress at the age between 11-13 years and evidenced by symptoms like anxiety, depression, aggression and educational difficulties.

Middle school children Parents:

Refers to father or mother those who are having early adolescence with the age group between 10-14 years.

Limitations:

1. The parents those who read and write Tamil
2. The children those who are in the age group of 11-13 yrs.

CONCEPTUAL FRAMEWORK:

The conceptual frame work enables the researcher to create a distinct relationship between theoretical and empirical literature in addressing spiritual care in nursing practice

-(Christenson, 2007)

A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to an idea (or) thought. It can act like maps that give coherence to empirical inquiry .

-(paula.J.2006)

The present study aims at developing and evaluating structured teaching program in terms of improving the knowledge regarding adjustment problem and its management among parents of middle school children.

The conceptual model for the study was based on the general system theory by Modified Ludwig Von Bertalanffy (1969). In this theory the main focus is on the discrete parts and their interrelationship.

Which consist of input, throughput and output? "system as a complex" interaction, which means that systems consist of two or more converted elements. Which from an organized whole and which interact with each other.

Input

It is the first phase in an system. Based on Ludwig Von Bertalanffy input can be a information, material or energy that enters the system.

In this study "Input" is consider to be information related to adjustment disorder and its management among parents of middle school children.

- Development of the structured questionnaire regarding adjustment disorder and its management among parents of middle school children.

- Development of the structured teaching program on adjustment disorder and its management among parents of middle school children.
- Validity, Reliability.

Through put

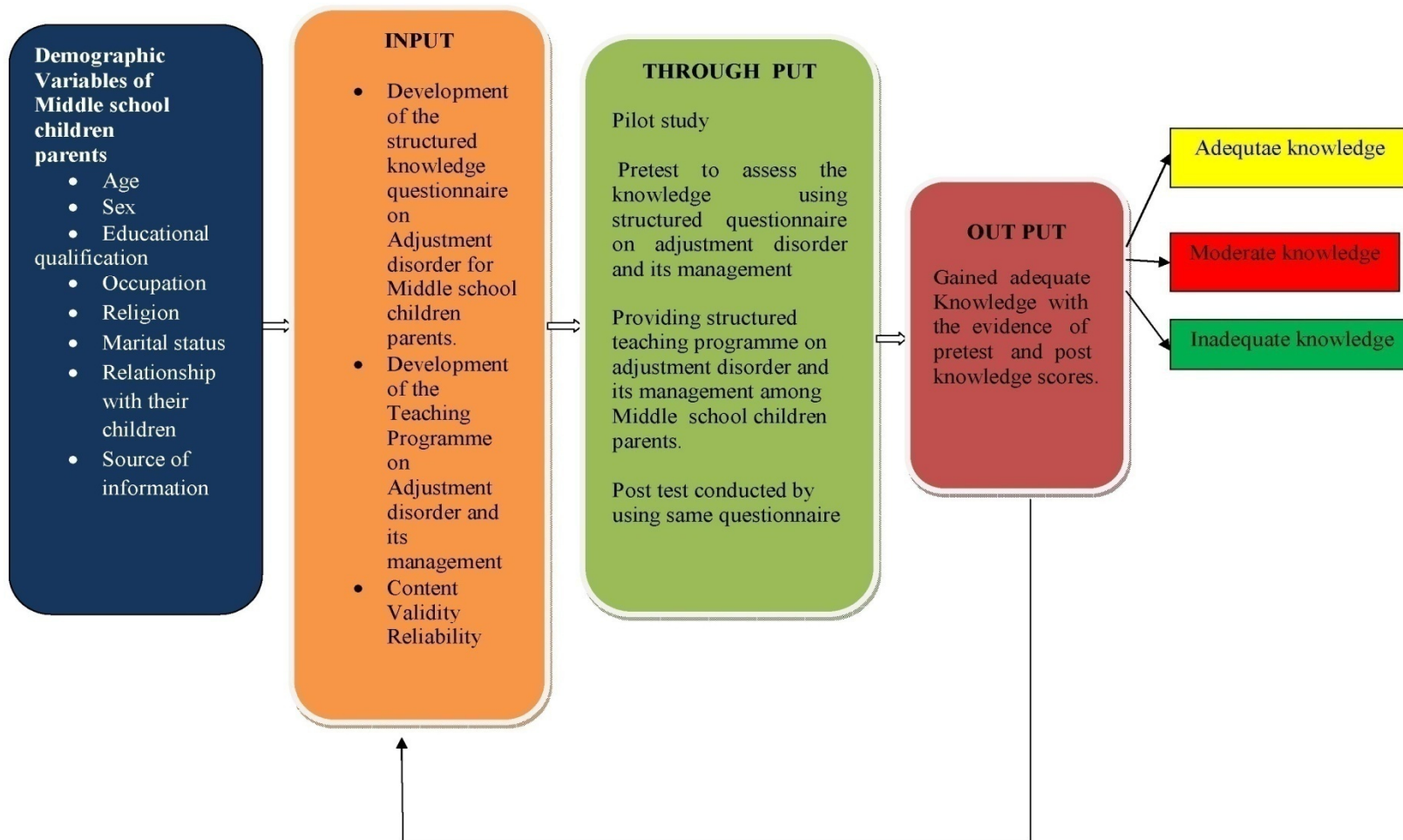
According to Ludwig Von Bertalanffy "Through put" refers to the process by which the system processes input and release an output. In this study the through put considered for the processing the inputs are,

- Pilot study
- Pretest by using the structured questionnaire
- Administering structured teaching program on adjustment disorder and its management among parents of middle school children.
- Post test

Output

According to system theory "output" refers to energy, mater and information that leave a system. In the present study "out put" is consider to be the knowledge obtained through the processing of the post test. It will be received in the form of post test knowledge scores.

In this study, effectiveness of structured teaching program is tested by inter related elements such as input, through put and output efficiency of the input such as structured teaching programme regarding adjustment disorder will be assessed. The process of teaching as throughout will be assessed in terms of its effectiveness.



CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM THEORY BY MODIFIED LUDWIG VON BERTALANFFY, (1968)

CHAPTER-II

REVIEW OF LITERATURE

Review of literature is a broad systematic and critical collection and evaluation of important scholarly published literature as well as unpublished materials. The review serves as evidence and essential background for any research

(Basavanthappa, 2004)

Review of literature is critical summary of research on a topic of interest generally prepared to put a research problem in context to identify gaps and weakness in prior studies so as to justify a new investigation

(Polit and Beck, 2010)

A literature review involves the systematic identification, location, scrutiny and summary of written material that contains information on research problem

(Polit and Hungler, 2006)

The literature reviewed has been organized and presented under the following headings:

- 1. Studies related to incidence, prevalence, and risk factors for adjustment disorder.**
- 2. Studies related to knowledge, attitude and perception towards adjustment disorder among parents.**
- 3. Studies related to structure teaching program on adjustment disorder among early adolescence.**

STUDIES RELATED TO INCIDENCE, PREVALENCE, AND RISK FACTORS FOR ADJUSTMENT DISORDER:

Fuentes MC, et.al, (2011) conducted a study on self concept and psychosocial adjustment in adolescence. This study analyzed the relationship between a multidimensional

measure of self-concept, Self-concept Form-5 Questionnaire (AF5) and a broad set of adolescents' psychosocial adjustment indicators. From the responses of 1,281 participants (53.7% females) aged 12 to 17 years ($M = 14.98$ years, $SD = 1.74$ years), the results indicated that higher self-concept scores corresponded to 82 better psychological adjustment, good personal skills and fewer behavioral problems. The study concluded that the self-concept is a basic theoretical construct closely related to the psychosocial adjustment in adolescence.

Salwa SM, et.al, (2011) conducted a cross-sectional study to find out the prevalence rate of behavioral disorders and emotional disorders among school children at Baquba city during educational year 2010-2011. 1500 school children of both male and female were selected by random sampling technique. Revised Rutter Scale (RRS) was used for identification and measurement of behavioral disorders. It was found that 24.6% of school children had behavioral disorders and 13.8% had conduct disorders and 10.8% had emotional disorders.

Bulotsky-Shearer RJ, et.al. (2008) conducted a study “On investigation of class room situational dimensions of emotional and behavioral adjustment”. This study used a developmental-ecological approach to investigate the relationship across the school year between early problems in preschool classroom situations and a comprehensive set of readiness competencies for urban low income children. Study identified 3 reliable and unique underlying classroom situational dimensions and situations, and more problematic across all situations. Study 2 investigated the relationship between yearly problems in the situations. Outcomes, early situational difficulties uniquely and differentially predicted lower peer social and classroom learning outcomes in combination of both the type behavior problem (what) and the situational problem where explained greater variance in the prediction of readiness outcomes. Contributing to a more comprehensive understanding of developmental trajectories.

Shubhada Kale, (2014) conducted a study on “causal relationship between school adjustment of middle school students and related variables”. The purpose of the study was to identify the causal relationship of family factors, social support, school achievement, self concept and school adjustment and its related variables. Two thousand six hundred and twenty nine middle school students participated in the study. These results imply the family satisfaction and self concept are essential to solve the problems of school adjustments especially friends support, teachers support in school achievement improve self concept and school adjustment.

Warwick et al. (2008) studied mental health and emotional well-being among younger students in further education. Over the last 25 years there has been an increase in reported behavioral and emotional problems among young people. Moreover, students in higher education (HE) were reported to have increased symptoms of mental ill health compared with age-matched controls. Some students in further education (FE) were likely to experience similar difficulties, especially as an increasing number may come from backgrounds that may make them more vulnerable to mental health problems. National policies and guidance highlight the importance of promoting the mental health of young people in general and of students in particular. This exploratory study aimed to identify whether, and in what ways, FE colleges were contributing to younger students' (aged 16-19 years) mental health. Interviews with key informants, a survey of FE colleges in England and five case studies of individual FE colleges providing specialized mental-health support services to students revealed some evidence of promising and good practice, but this did not appear to be widespread. Given the current range of college settings, no single approach to improving mental health among students was likely to be the answer. Rather, respondents highlighted a number of factors that influence the provision of support services for students: awareness among professionals of the links between students' mental health and their

achievement at college; having in place national and college policies and guidance that address mental health; building an inclusive college ethos; building leadership at senior and middle manager levels; having accessible in-college and/or external support services; and the provision of professional development opportunities for staff.

Kumari (2008) studied the altruistic behaviour of children in relation to the education of their parents. 100 girls of intermediate level belonging to different educational levels of parents were selected for the present study. The results revealed that girls belonging to low and medium educated mothers were more altruistic in behaviour as compared to highly educated mothers. Father's education has not significant effect on the altruistic tendency of their daughters.

Hampel & Petermann (2006) investigated the age and gender effects on perceived interpersonal stress, coping with interpersonal stressors, and adjustment among early and middle adolescents. Moreover, the associations of perceived stress and coping with adjustment were examined. Total sample were 286 Austrian adolescents aged 10 to 14 years who attended the fifth to seventh grade. Self report data on perceived stress, coping, as well as emotional and behavioral problems, were assessed. Results of this study indicate that Fifth graders scored lower on maladaptive coping strategies and externalizing problems and reported more adaptive coping strategies than sixth and seventh graders. Compared with boys, girls evaluated a higher amount of perceived interpersonal stress and used more social support. Furthermore, girls scored higher on maladaptive coping strategies and emotional distress and scored lower on distraction than boys.

Dwairy (2004) also supported the earlier study, where the researcher examined the parental styles and psychosocial adjustment of adolescents and the relationship between them in gifted as compared to non-gifted Arab adolescents. The Parental Authority Questionnaire, Child

Attitude Toward Parents, Lipsitt's Self-Concept Scale for Children, Rosenberg Self-Esteem Scale, and the Psychological State Scale were administered to 118 gifted and 115 non-gifted Arab adolescents in Israel. Results indicated that parents of gifted adolescents tend to be more authoritative and less authoritarian than parents of non-gifted adolescents. The attitudes of the gifted adolescents toward their parents were more positive than those of the non-gifted adolescents. The gifted displayed higher self-esteem and fewer identity disorders, phobias, and conduct disorders than the non-gifted adolescents. The authoritative parental style correlates positively with the mental health of both gifted and nongifted adolescents, while the authoritarian parenting style impacts negatively on the mental health of the gifted, but not of the non-gifted adolescents. The study results indicated that the authoritarian parenting style is a crucial factor that influences the well-being of gifted children and may affect their psychological adjustment.

Anderman, Eric, M. (2002) examined a study of emotional and social adjustment of rural and urban high school students. The study examined health adjustment of adolescents having school level differences in the relation between schools belonging the various outcome. In study 1, predictors of belonging were examined. Results indicated that belonging was lower in urban schools than in suburban schools and lower in schools that used busing practice than those that did not. In study 2, the relations between belonging and psychological outcomes were examined. The relations varied depending on the unit of analysis. Whereas individual students perceptions of belonging were inversely related to depression, social rejection and school problems, aggregated belonging was related to greater reports of social rejections and school problems and to higher grade point average.

Sung KM, et al. (2006) conducted a study on “psychosocial factors and coping strategies of adolescents in a rural high school ” to evaluate the coping levels of rural adolescent and gender differences of psychosocial factors. A convenience sample of 72 students complete the coping response inventory- youth it found for psychosocial factors of depression, self-esteem, and anxiety. Several relationships observed between in psychosocial factors of rural adolescent. These rural adolescents endorsed higher levels of avoidance coping than normative samples. Adolescents reported many problem needing proper coping skills in their everyday lives.

Viera (2006) showed that perceived stress scores were associated with increased absenteeism. Significant differences were found between mean perceived stress scores for males and females. With each 10-unit increase in perceived stress scores, absenteeism for a 30-day period increased 0.6 day. Perceived stress scores were also significantly associated with GPA. With each 10-unit increase in perceived stress scores, GPA decreased by 0.3 point. Obesity as an Independent Variable did not show significance in relation to school absenteeism, perceived stress scores, school performance, or academic achievement. Obesity as a predictor of GPA, however, neared significance when age, gender, perceived stress, and absenteeism were controlled. A tendency for obese adolescent males to report lower perceived stress scores compared to non-obese males was also found. Russell reported culpability singularly influential in determining degree of sympathy. Determines females showed greater empathy and recommended more financial aid than did men.

Crews (2005) examined the relationship between the amount of extracurricular activities and the school performance and mental health of children and adolescents. Results indicated one significant linear and one significant curvilinear relationship between extracurricular activity participation and school performance of adolescents. As adolescents were involved in additional

extracurricular activities, their school performance improved (in a linear relationship), while median amounts of activity were related to the best grades (in a curvilinear relationship). Although these results were significant, their practical meaningfulness was limited due to a weak linear relationship and moderate curvilinear relationship. Significant relationships were not found between extracurricular activity participation and school performance of children or between extracurricular activity participation and the mental health of children or adolescents.

Sacker A, *et al.* (2002) conducted a study On “social inequality in educational achievement and psychosocial adjustment throughout childhood”. Developmental resources level off during adolescents against an alternative hypothesis that continue to influence throughout all childhood. A study applies to models. 1 the transition from infant to junior schooling at age 7-11 and from compulsory education of further education at age 16. 2nd model is a contextual-systems. Material deprivation, school composition, parental involvement and aspirations. It showed that interpreted more broadly than a narrow class based definition. Continue to widen in adolescence educational achievement and psychosocial adjustment.

Yanos (2000) conducted the study on the psychological predictors of recovery in community adjustment among individuals diagnosed with serious mental illness. Findings indicated that psychological variables were significantly and meaning associated with social functioning, and that involvement in consumer-run services was significantly and meaningfully associated with better overall social functioning than involvement in only traditional mental health services. Analyses also suggested that the relationship between involvements in consumerrun services was partially mediated by the use of problem-centred coping strategies. Premorbid and demographic factors examined in this investigation do not account for the relationship between psychosocial variables and social functioning. These findings supported the

hypothesis that there was a causal relationship between involvement in consumer-run services and social functioning.

Erol et.al (2000) examined the prevalence of emotional and behavioral problems, and associated factors in children and adolescents aged 6-18 years. This cross sectional study included 674 children and adolescents aged 6-18 years that were selected from pre-university college using stratified and probability cluster sampling. A socio- demographic information form, and the adolescent behavior checklist (ABCL), lecture's report form (LRF), and Youth self-report form (YSR) were used for data collection. According to the information provided by caregivers, lecturers, and youths, the prevalence of problem behaviors ranged between 18.3% and 47% among those in the institutional care versus between 9% and 11% among the national sample. Among those in the institutional care, the prevalence of externalizing problems (21.4%-41.9%) was significantly higher than the prevalence of internalizing problems (6.2%-40.1%). At the syndrome level, the prevalence of social problems (5.7%-11.7%), thought disorders (7.2%-18.4%), and attention problems (7.7%-31.4%) among the youths in institutional care was higher than among the national sample (1.65-5.8%). Age at the first admission, receiving the institutional care because of neglect and abuse, moves 2 or more times between institutions, recurrent physical illness, receiving poor quality care, lack of regular contact with parents or relatives, lack of regular contact with teachers and the institutional staff, poor problem solving skills, fatalistic beliefs, tobacco and alcohol use, the feelings of stigmatization, and low level competency were significantly associated with an increased risk of behavioral and emotional problems.

Malecki et al. (2001) investigated the relationship between social support sources and behavioural outcomes and found that middle school students indicated friends as their primary

source of listening support, parents and friends as primary source of technical appreciation support (appraisal support). Peoples with spouse, friends and family members who provide psychological and material resources were in the better mental health than those with fewer social contacts.

Rajaswat (2002) conducted a study on self-concept, morality and adjustment of school going adolescents. Self-concept of rural girls and urban girls was highly significant. The rural girls were having clear vision of self in all dimensions as compared to urban girls. Self-concept of urban boys and urban girls was less. Morality of rural girls and rural boys was much more than those of urban girls and urban boys. Moral values of rural girls and rural boys were more rigid and they followed their values more strictly than the urban girls and urban boys. The adjustment of rural girls and urban girls was more than rural boys and urban boys. Girls can adjust easily with the situation while boys of rural and urban areas do not adjust themselves with the situation. There was a positive but very low correlation between morality and selfconcept of adolescent rural girls and rural boys. There was a negative but very low correlation between morality and adjustment. This indicated that morality increases adjustment with decrease in urban and rural population. There was a very low negative correlation between self -concept and adjustment of rural girls and rural boys.

Dutta *et al.* (2003) focused on the home adjustment of 200 adolescents drawn randomly from Assam Agricultural University and Kendriya Vidyalaya, Jorhat, Assam. The tool adjustment inventory for college students developed by Sinha and Singh (1980) was administered. The results suggested no difference between the groups of 16-18 years and 19-21 years in home adjustment.

Dutta et al. (2003) focused on the health adjustment of 200 adolescents drawn randomly from Assam Agricultural University and Kendriya Vidyalaya, Jorhat, Assam. The tool adjustment inventory for college students developed by Sinha and Singh (1980) was administered. The results of the study revealed that adolescents of older age group (19 – 21 years) had good skills of health adjustment than the younger age group (16 – 18 years) of adolescents. They also reported that boys adjusted better than girls.

Dutta et al. (2004) conducted a study on social adjustment of adolescents on 200 adolescents drawn equally from Assam agricultural university and Kendriya vidyalaya, district of Jorhat, Assam. Sample of 50 boys and 50 girls covering the age group of 16 to 18 years and 19 to 21 years with equal gender representation was selected. Adjustment inventory for college students developed by Sinha and Singh (1980) was administered. Results revealed no significant difference among the gender and also between the two age groups in the area of social adjustment.

Jain and Jandu (2004) reported that girls were better adjusted than boys after conducting a study on adjustment on a sample of 240 students (14 – 18 years). Adjustment inventory for school students developed by Sinha and Singh (1984) was used to measure the adjustment of the students. They found that girls of non-employed mothers adjusted significantly well than that of employed mother and no difference was found among the boys of employed and non-employed mothers. As earlier, study of Mythili et al. (2004) revealed that the students whose parents were educated found to be facing more adjustment problems.

Van Den Oord EJ, Rispen J.(2005) conducted a Study on “differences between school classes in pre schoolers psychosocial adjustments” by Van Den Oord EJ, Rispen J. class liked to play with each other. The sample consisted of 1232 4-5-year-old from 94 school schools

classes and 51 schools, but due to non response actual sample sizes were some what smaller for most analysis. That on average 87% of the variance was at the child level, 11% at the class level, 3% at the school level. These results suggested that aspects of the interpersonal relations of the children in the classroom such as proximity, integration, and the amount of contact could be determinants of differences between school classes in psychosocial adjustment.

This study was design to compare different adjustment problem faced by boys and girls of senior secondary school. The sample consisted of 50 boys and 50 girls from 5 government and private senior secondary schools. Adjustment Inventory developed by Dr. (Mrs.) Lalita Sharma for intermediate and college students was administered on the students. Results confirmed all the hypothesis of significant difference between the problems of adjustment among senior secondary school students.

Sujatha et al. (2001) conducted a study on factors influencing adjustment among adolescents was carried out by in Dharwad block of Karnataka. The sample consisted of 300 students studying in high schools and junior colleges of the age range 13 to 19 years. Bell's (1934) adjustment inventory modified in the local language was used. They reported no significant difference among early and late adolescents in the area of adjustment. **Krishna (1981)** conducted a study on risk-taking and adjustment of adolescents on a sample of 200 (100 boys and 100 girls) XI grade students of range 13 – 18 years. Choice dilemmas questionnaire (Kogan and Wallach, 1964) and Hindi Adaptation of Bell's adjustment inventory by Moshin and Hussain (1970) were administered. The findings revealed that sex contributed significantly to risk-taking in case of home adjustment only. Riskiness showed significant negative relationship with social adjustment for boys and significant positive relationship with home and emotional adjustment for girls.

Similarly Leelavathi (2007) in her study in Dharwad city on 450 samples found that males had good social and total adjustment than females and age was associated with emotional adjustment. Thirugnanasambadam (1990) also supported where he reported that boys were better adjusted than girls on a sample of 388 students of 9th grade. Children's behaviour checklist (Slott, 1974) modified by Shanmugasundaram (1986), adjustment scale (Narayanan, 1982) and socio-economic scale (Vendal, 1981) were administered. Similarly Dutta *et al.* (1997) reported boys to be better adjusted than girls in the areas of health adjustment. The same authors in another study on home adjustment (1997) reported girls to be better. However Mythili *et al.* (2004) investigated the adjustment problems of intermediate students. A sample of 150 boys and girls students were selected randomly from government and private management colleges in Vijayawada. A Telugu version of the 'Mooney problem checklist' was administered. The data was subjected to 't' test. The results reported that boys have more adjustment problems compared to girls.

STUDIES RELATED TO KNOWLEDGE, ATTITUDE AND PERCEPTION TOWARDS ADJUSTMENT DISORDER AMONG PARENTS:

Gutman, Vonnice & Tokoyawa (2005) tested the financial strain, neighborhood stress, parenting behavior, and adolescent adjustment. The sample consisted of 305 African American families living in inner city neighborhoods. Of the families, 40% were living at or below the U.S. poverty threshold. The primary caregiver and a focal adolescent (mean age 13.5 years) were interviewed separately in each family. The results indicated that the income-to-need ratio was significantly related to financial strain and neighborhood stress, both of which were positively associated with psychological distress in parents. Parent psychological distress was positively

related to more negative and less positive parent–adolescent relations, which predicted a lower positive and higher negative adjustment in adolescents. The results extend previous findings by demonstrating that neighborhood characteristics are an important mediator between economic hardship and parent and adolescent behaviors.

Mythili et al. (2004) examines longitudinal associations between adolescent adjustment and perceived parental support across the middle-school years (ages 11 to 13) in a diverse sample of 197 girls and 116 boys. Growth curve models revealed associations between the slope of change in perceptions of support in relationships with mothers and fathers and the slope of change in adolescent internalizing and externalizing symptoms such that declining support accompanied increasing problems. After controlling for this correlated change, there was still evidence of child-problem effects on changes in relationship support (i.e., initial levels of adolescent externalizing symptoms predicted subsequent changes in perceived parental support), but there was no evidence of parent-support effects on changes in adjustment (i.e., initial levels of relationship support did not predict changes in adolescent externalizing symptoms). Declines in perceived parental support were steeper at high-initial levels of adolescent externalizing than at average or low levels.

Chahal et al. (2003) investigated the contribution of variables like adjustment, personality, social support and family environment on the well-being of adolescents. A total of 480 adolescents (240 males and 240 females) with age range of 13-14 years were included in the study. The tests were PGI well-being scale, California psychological inventory, child and adolescent social support scale, adjustment inventory and family environment scale. Pearson product moment correlations were computed to find out the relationship pattern among the variables and stepwise multiple regression analysis was applied to check the contribution of each

independent variable towards the dependent variable. For females, family cohesion, intellectual cultural orientation, achievement orientation, socialization and classmates' supports, adjustment and sociability were significantly important contributors of well-being. For males, family conflicts, organization, adjustment as classmates' support emerged as important contributors of well-being

Palsane (1970) explored the role of health adjustment and parental education on personal adjustment on a sample of 85 students out of which 47 were boys and 38 were girls. The results revealed that adolescents with good health were high in over all adjustment. He also reported that adolescents with good parental education were better adjusted. Similarly study on the "Influence of self concept, sex, area and parents' education on student's adjustment problems" was carried out by Alexander and Rajendran (1992). The sample consisted of 671 students. Mooney problem checklist was administered to assess the adjustment and found females better adjusted than the males. The results also revealed that urban students to be better adjusted than the rural students. In relation to the parents' education, the adjustment was found to be associated. Students of well educated parents were better adjusted than students of poorly educated parents.

Saxena, Vandana (2007) conducted a study entitled "Impact of family relationship on adjustment, anxiety, Achievement-motivation, self-concept and academic achievement of high school students". The main objective was to compare the students having different family relationship with respect to Adjustment, Anxiety, 79 Achievement-motivation, Self-concept and Academic achievement. Methodology: The sample comprised 300 boys and 300 girls of Class IX of Agra City. The tools used were Parental Acceptance-Rejection Questionnaire of Jai Prakash and Bhargava, Adjustment Inventory for school Students of Sinha and Singh, Indian Adaptation of Sarason's General Anxiety Scale of A. Kumar, Achievement Motivation Test of R. P.

V.P. Eranga, et.al, (2011) conducted a cross sectional study to assess the knowledge and attitude towards attention deficit hyperactivity disorder among primary school teachers in Gampaha district, Srilanka. 210 primary school teachers were selected by stratified sampling method. The knowledge and attitude of primary school teachers on Attention deficit hyperactivity disorder were assessed by a self administered questionnaire. The majority showed good understanding about ill effects of Attention Deficit Hyperactivity Disorder. Three fourth had a positive attitude towards behavioural therapy.

STUDIES RELATED TO STRUCTURED TEACHING PROGRAM ON ADJUSTMENT DISORDER AMONG EARLY ADOLESCENCE:

Justin Mathew,(2012) conducted a study to assess the effectiveness of planned teaching program on knowledge of adolescents adjustment problems and its management among high school teachers in selected high schools. The sample size consists of 60 high school teachers who are working in selected government or private high schools, Hassan. Simple random sampling technique will be used in this study. Modified Ludwig Open System Model was used for identification and measurement of adolescent adjustment disorders.

Deelip Natekar, (2014) conducted a study among parents to find out the effectiveness of structured teaching program on management of violent children in the home setting. The overall findings of the study revealed that there was very highly significant increase in the knowledge of parents regarding the management of violent children following the administration of self instructional module. Therefore it was concluded that structured teaching programme was highly effective in improving the knowledge of parents on management of violent children.

Priyesh Bhanwara, (2011) conducted a quasi experimental study to assess the effectiveness of planned teaching programme on knowledge of school teachers regarding

behavioural problems among school children in selected schools at Pune city. 60 school teachers were selected by convenient sampling method. The tool used to collect the data were structured knowledge questionnaire to assess the knowledge of school teachers. The result shows that in pretest majority (93.34 %) of the school teachers had average knowledge score whereas in post test majority (75%) of the school teachers had good knowledge score. There is a significant increase in knowledge of school teachers regarding behavioural problems among school children and it was found that the effectiveness of planned teaching programme in terms of increase in knowledge score among school teachers.

CHAPTER – III

METHODOLOGY

INTRODUCTION

Methodology of research refers to the investigations of the ways of obtaining, organizing and analyzing data. Methodological studies address the development, validation and evaluation of research tools or methods.

- **Polit and Hungler (2004)**

The methodology of research indicates the general pattern of organizing the procedure for gathering valid and valuable data for the purpose of investigation. The methodology of this study includes research approach, research design, setting of the study, population sample and sampling technique, development of tool, data collection procedure and plan for data analysis.

RESEARCH APPROACH:

The research approach is an applied form of research that involves finding out, how well a program, practice, procedure or policies are working .It's goal is to assess or evaluate the success of a program.

-**Polit (2004)**

Quantitative and evaluative approach was used in this study. It is to evaluate the effectiveness of structured teaching program regarding adjustment disorder and its management among parents of middle school children.

RESEARCH DESIGN:

It is the blueprint for conducting the study that maximizes control over factors that could interfere with the validity of the findings. Designing a study helps the researcher to plan and

implement the study in a way that will help the researcher to obtain intended results, thus increasing the chances of obtaining information that could be associated with the real situation.

Burns & Grove (2001)

A research design selected for the present study was quasi experimental one group pre test post test design.

- ❖ One group pre test –post test design.

The study design depicted as below

Pre test	Intervention	Post test
01	X	02

Table 3.1: Research Design

Key:

O1: Pre test to assess the level of knowledge on adjustment disorder among parents.

X: Intervention (providing structured teaching program)

O2: Post test to assess the effectiveness of structured teaching program regarding adjustment disorder among parents.

VARIABLES

A variable is an attribute of a person or object that varies that is taken on different values. Variables are measurable characteristics of a concept and consist of a logical group of attributes. Three types of variables are identified in this study. They are independent, dependent and extraneous variables

Dependent Variables

A dependent variable is the response behavior or outcome that the researcher wants to predict or explain changes in the dependent.

Polit (2004)

In the present study, the dependent variable is knowledge on adjustment disorder among the middle school children parents.

Independent Variables

An independent variable is a stimulus or activity that is manipulated or varied by the researcher to create an effect on the dependent variable.

Polit (2004)

Extraneous variable:

Age, gender, education, religion, occupation, family income, relationship with their children, sources of information.

SETTING OF THE STUDY

According to **Polit and Hungler (2006)**, setting refers to the physical location and condition in which data collection takes place in the study. The setting was selected based on acquaintance of the investigator with the institution, feasibility of conducting the study, availability of the sample, Permission and proximity of the setting to investigation.

The study was conducted in Panchayath union middle school, located at Mathur, Erode.

POPULATION

The population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications.

- Polit and Hungler (1999)

The population of this study were parents of middle school children.

Target population:

Target population consists of the total number of people or object which are meeting designated set of criteria.

Suresh K Sharma (2012)

The target population of this study were parents of middle school children those who are studied in Panchayath union middle school, located at Mathur, Erode.

Accessible population:

It is aggregate of cases that confirm the design criteria and are also accessible as subject for the study.

Suresh K Sharma (2012)

The accessible population for this study were the middle school children parents in Panchayath union middle school, Mathur, Erode who meets the inclusion criteria.

THE SAMPLING PROCEDURE:

The process of selecting a portion of the population to represent the entire population is known as sampling.

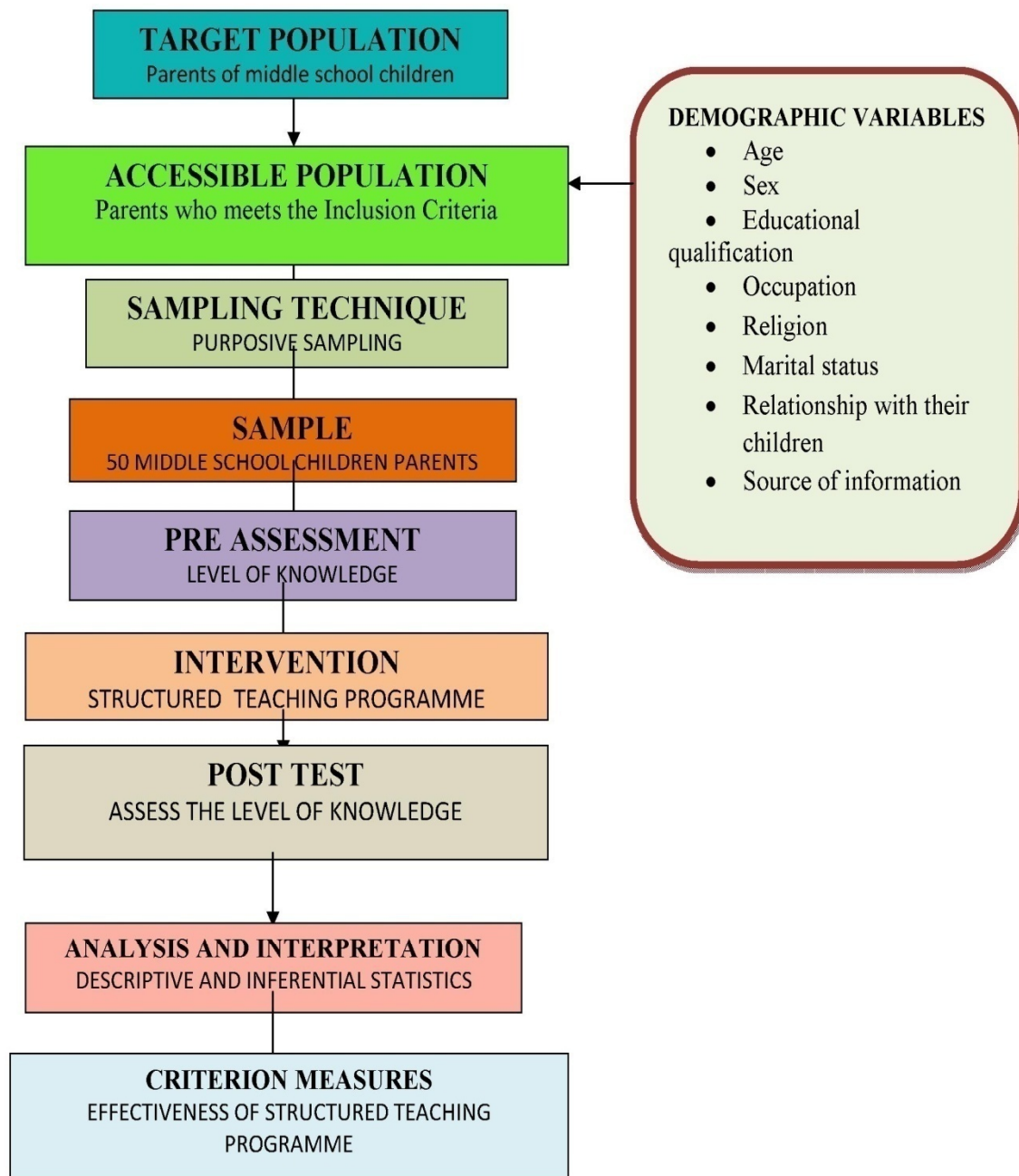
Polit & Hungler (1999)

SAMPLE:

A sample is a subset of a population selected to participate in the study, it is a fraction of the whole, selected to participate in the research project

Polit & Hungler (1999)

The sample consists of parents of middle school children.



SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

The sample size

Sample size is the number of subjects needed in a sample

Polit & Hungler (1995)

The sample size was 50.

Sampling technique:

Sampling technique refers to process of selecting a portion of the population to represent the entire population.

Polit and Beck (2007)

Purposive sampling technique is a judgment sampling that involves the conscious from the research of certain subjects for the study. (Denise F Polit, 2004)

Purposive sampling technique was used to select the samples for the study.

CRITERIA FOR SAMPLE SELECTION**Inclusion criteria:**

The participants that were chosen met the eligibility criteria set for the study. Eligibility criteria are the reason or criteria for including the sample in the study.

Polit & Hungler (2004)

1. Parents of middle school children.
2. Parents including both father and mother.
3. Parents those who are willing to participate in the study.
4. Parents those who are available at the time of data collection.

Exclusion criteria:

1. Parents those who are having children with adjustment problem in their family.
2. Who is not willing to participate in this study.

3. Who is having knowledge regarding adjustment disorder.

DEVELOPMENT OF TOOLS:

- Collection is the gathering of information that is needed to address a research problem.
- Instruments/tools are the procedure used by the researcher to collect data.
- The following tool was used in the study

The instrument selected in research should be as far as possible the vehicle that would best obtain data for drawing conclusion, which were relevant to the study. The researcher used structured knowledge questionnaire in this study for assessing the level of knowledge on adjustment disorder among middle school children parents.

The following tools used for the present study-

1. A tool to assess the demographic variables.
2. A tool to assess the knowledge regarding adjustment disorders of middle school children parents.

THE STEPS USED FOR PREPARING TOOL:

1. Review of related literature:

The literature from nursing books, psychiatry-books, journals, reports and articles were referred to prepare the tool.,

2. Preparation of tool:

Questionnaire prepared to assess the demographic variables and the knowledge regarding adjustment disorder of middle school children.

3. Consultation with guide and research committee;

The blue prints were given to the experts in research committee. The research guide and committee members were consulted before finalizing the tool.

4. Preparation of the final draft:

Final draft of the tool prepared after consulting with the experts and research committee.

DESCRIPTION OF THE TOOL:

Tool is an act as an instrument to assess and collect the data from the respondent of the study.

- Polit and hunger (2004)

The tool consists of 2 sections,

Section- A:

It consists of demographic data of middle school children parents such as

- Age of the children,
- Gender of the children,
- Gender of the parent
- Religion,
- Educational status of the father and mother,
- Occupation of the father and mother,
- Family monthly income,
- Residential area,
- Marital status of the parents
- Relationship with their children,
- Previous knowledge and source of information regarding adjustment disorder.

.Section- B:

This section consists of self structured knowledge questionnaire which includes 30 Multiple choice questions to assess the knowledge regarding adjustment disorder among parents of middle school children.

SCORING PROCEDURE AND INTERPRETATION

Scoring of ‘1’ will be given for every ‘RIGHT’ answer and a score of “0” will be given for every ‘WRONG’ answer. The maximum score will be 30 for 30 items. The level of knowledge was categorized as inadequate, moderate and adequate.

LEVEL OF KNOWLEDGE	SCORES
Inadequate knowledge	Less than 10
Moderately adequate knowledge	11-20
Adequate knowledge	More than 20

Table: 3.2 Interpretation of level of knowledge on adjustment disorder

VALIDITY AND RELIABILITY:

Validity:

Content validity refers to the degree to which an instrument measure what it is supposed to measure.

- Polit and Hungler (2004)

The validity of tool was established in consultation with guide and field experts (**Psychiatrist, Psychologist, Statistician and Nurse Specialist**). The Tool was modified according to the suggestions and recommendation of the experts

Reliability:

Reliability is a degree to which the assessment of tool produces stable and consistent results.

- Polit and Hunger 2010

The structured questionnaire was administered to 5 parents of middle school children in panchayath union middle school at Murali in Erode. Reliability was tested by split half technique using sperman's formula. Reliability of knowledge was ($r=0.8$). This indicates that tool was reliable. Since the computed correlation of knowledge was high, The reliability of the tool for the study was established. Results reveals that there was a positive correlation. The tool was found feasible and practicable.

PILOT STUDY:

A pilot study, pilot project or pilot experiment is a small scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events, and effect, size (statistical variability) in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale research project.

Suresh K Sharma 2007

Purpose:

1. To assess the effectiveness of the data collection plan.
2. To identify the inadequacies of the plan and make the modification as required.
3. To find out the feasibility of conducting the final study.

The investigator conducted a pilot study with 5 parents of middle school children in panchayath union middle school at Murali in Erode district. The pre test knowledge

questionnaire was administered and structured teaching program was conducted on the same day. We assessed the post test knowledge.

The investigator proceeded for the main study no modification was done in the methodology and tool.

DATA COLLECTION PROCEDURE:

Data collection is the precise, systematic gathering of information relevant to the research sub problems, using methods such as interviews, participant observation, focus group discussions and case histories.

Burns & Groves 2005

Formal permission was obtained from Head Master of the Panchayath union middle school, mathur. The researcher after obtaining the consent from the participants collected the data. Pre test was conducted. Parents were requested to complete the structured knowledge questionnaire before providing structured teaching program. The structured teaching program was conducted on the same date respectively. After the sessions investigator clarified the questions raised by the group. Post test was done after 7 days using the same questionnaire to evaluate the effectiveness of the structured teaching program.

Plan for data analysis:

- Assess the knowledge level of Adjustment disorder among parents before and after using of structured teaching program are analyzed by frequency and percentage distribution.
- To find the effectiveness of structured teaching program on adjustment disorder among parents are analyzed with mean, Standard deviation, mean percentage and paired “t”test.
- To find the association between demographic variables and level of knowledge among parents is analyzed by chi square test.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Analysis of a data is a process of inspecting, cleaning, transforming and modeling data with the goal of discovering useful information, suggesting conclusion and supporting decision-making

Polit & Hungler 2004

Analysis is the systematic examination and evaluation of data or information by breaking it into its component parts to uncover their interrelationship.

- Basavanthappa 2010

The analysis and interpretation of data of this study was based on the data collected from middle school children parents' knowledge regarding adjustment disorder. The results were computed using descriptive and inferential statistics.

The data were analyzed as per the objectives of the study and organized under the following headings,

Section A: Description of samples according to their demographic variables.

- Frequency and Percentage distribution of demographic variables among the middle school children parents

Section B: Asses the level of knowledge among parents of middle school children before and after using structured teaching program.

- Frequency and percentage distribution of pre and post test scores of level of knowledge of adjustment disorder among parents.

Section C : Effectiveness of structured teaching program on adjustment disorder among parents of middle school.

- Paired “t” value of pre test and post test scores of knowledge level among parents of middle school children.
- Area wise comparison of mean, standard deviation and mean percentage of pre test and post test scores of knowledge level among parents of middle school children.

Section D: Find out association between demographic variables and knowledge level of adjustment disorder among parents of middle school children.

- Chi square value of association between post test scores of knowledge level among parents of middle school children with their selected demographic variables.

SECTION A : DESCRIPTION OF SAMPLES ACCORDING TO THEIR DEMOGRAPHIC VARIABLES

TABLE: 4.1 Frequency and Percentage distribution of demographic variables among the middle school children parents

n=50

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE (%)
1.	Age of the children (In years):		
	a. 11	13	26%
	b.12	17	34%
	c. 13	20	40%
2.	Gender of the children		
	a. Male	17	34%
	b. Female	33	66%
3.	Gender of the parent:		
	a. Male	20	40%
	b. Female	30	60%
4.	Religion:		
	a. Hindu	36	72%
	b. Christian	13	26%
	c. Muslim	01	2%
5.	Educational status of the father.		
	a. No formal education	04	8%
	b. Primary education	13	26%
	c. Secondary education	07	14%
	d. Higher secondary education	09	18%
	e. Degree	17	34%
6.	Educational status of the mother:		
	a. No formal education	03	06%
	b. Primary education	07	14%
	c. Secondary education	14	28%
	d. Higher secondary education	14	28%
	e. Degree	10	20%
7.	Occupation of the father:		
	a. Coolie worker	13	26%
	b. Private employee	24	48%
	c. Government employee	06	12%
	d. self employment	04	08%
	e. Unemployed	03	06%
8.	Occupation of the mother		
	a. Coolie worker	05	10%
	b. Private employee	28	56%

	c. Government employee	06	12%
	d. self employment	06	12%
	e. Unemployed	05	10%
9.	Income of the family per month (in rs):		
	a. Less than 6000	07	14%
	b. 6001 to 10,000	14	28%
	c. 10,000 to 15,000	16	32%
	d. Above 15,000	13	26%
10.	Residential area		
	a. Rural	28	56%
	b. Semi-Urban	22	44%
	c. Urban	0	0%
11	Marital status		
	a. Married	44	88%
	b. Widow	04	08%
	c. Widower	02	04%
	d. Divorced	0	0%
12.	How is your relationship with your children?		
	a. Affectionate	39	78%
	b. Cordial	09	18%
	c. Hatred	02	04%
	d. Distance	0	0%
13.	Do your children share very personal problems with you?		
	a. Not Sure	06	12%
	b. Tells all the problems	19	38%
	c. Will not share due to Shyness	08	16%
	d. Will not share due to Communication gap.	16	32%
	e. No close relationship	01	02%
14.	In which way do you think that the problematic students should be helped?		
	a. Severe punishment	01	2%
	b. Inform to the teachers to guide them	31	62%
	c. consulting with child psychologist	11	22%
	d. No suggestion	07	14%
15.	Source of information about adjustment problems		
	a. Health person	06	12%
	b. Friends/ relatives	29	58%
	c. Mass media	08	16%
	d. No information	07	14%

Table 4.1 reveals the background factors of Parents of middle school children such as age of the children, gender of the children, gender of the parent, religion, educational status of the father and mother, occupation of the father and mother, family income per month, residential area, marital status, relationship with their children, source of information about adjustment disorder.

Distribution of samples, children age group were distributed more in 13 years is 20(40%) and least 13(26%) were 11 years children.

Distribution of samples, according to their gender majority of children 33(66%) belongs to girls and 17(34%) belongs to boys.

Distribution of samples, according to gender of parents 20(40%) belongs to males and 30(60%) belongs to females.

Distribution of samples, according to their religion were Hindu 36(72%), Christian 13(26%) and Muslim 1(2%).

Distribution of samples, according to the educational status of the father were distributed more in degree 17(34%) and least in no formal education 4(8%).

Distribution of samples, according to the educational status of the mother were distributed more in secondary and higher secondary education 14(28%) and least in no formal education 3(6%).

Distribution of samples, according to the occupational status of the father were distributed more in private employee 24(48%) and least in unemployed 3(6%).

Distribution of samples, according to the occupational status of the mother were distributed more in private employee 24(48%) and least in unemployed and coolie worker 5(10%).

Distribution of samples, according to their economic status parents were distributed more in 10,000-15,000/month 16(32%) and least in less than 6000 were 7(14%).

Figure 4.1 Bar diagram showing frequency and distribution of age of the children in years.

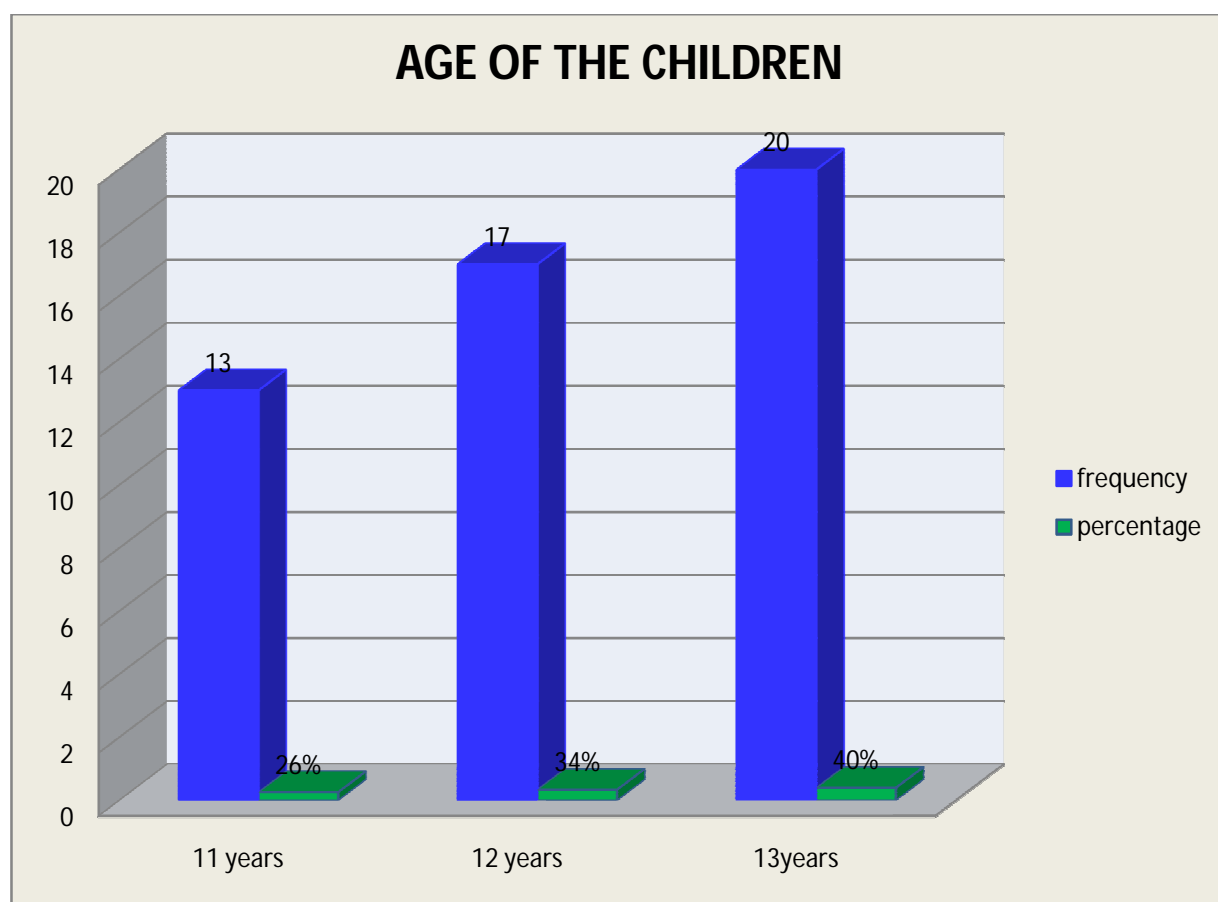


Figure 4.2 pie diagram showing frequency and distribution of gender of the children.

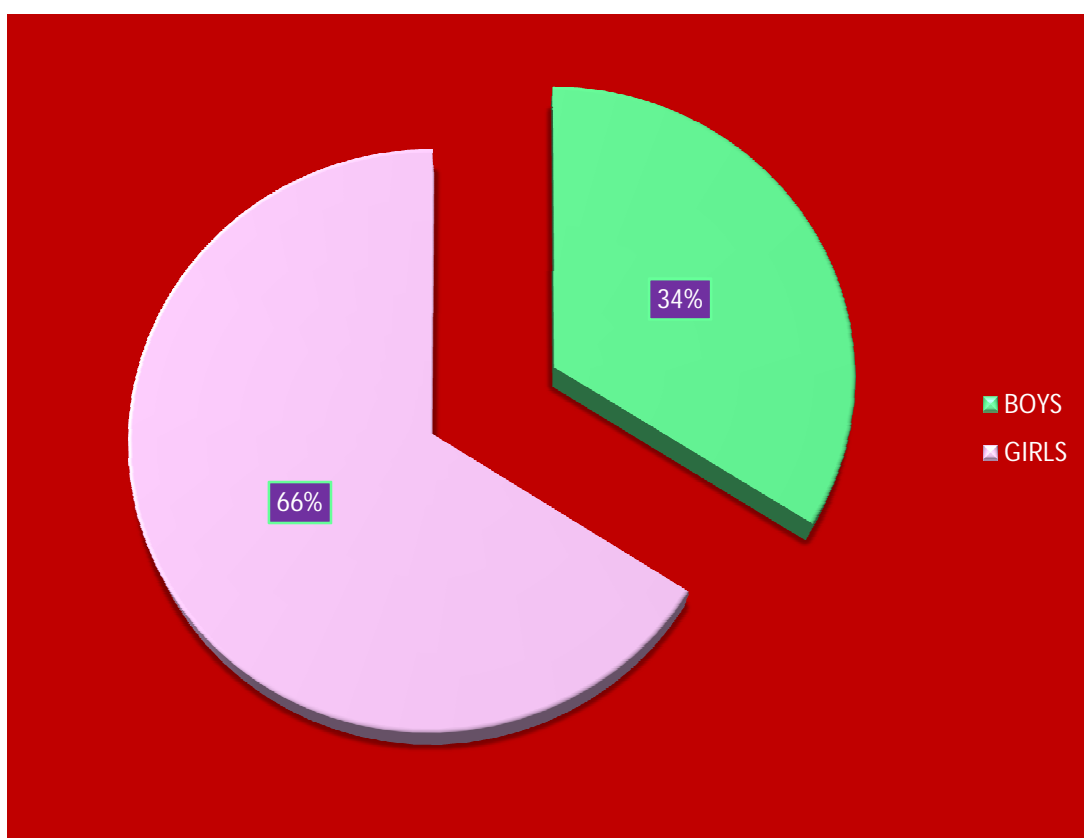


Figure 4.3 Pie diagram showing frequency and distribution of gender of the parents.

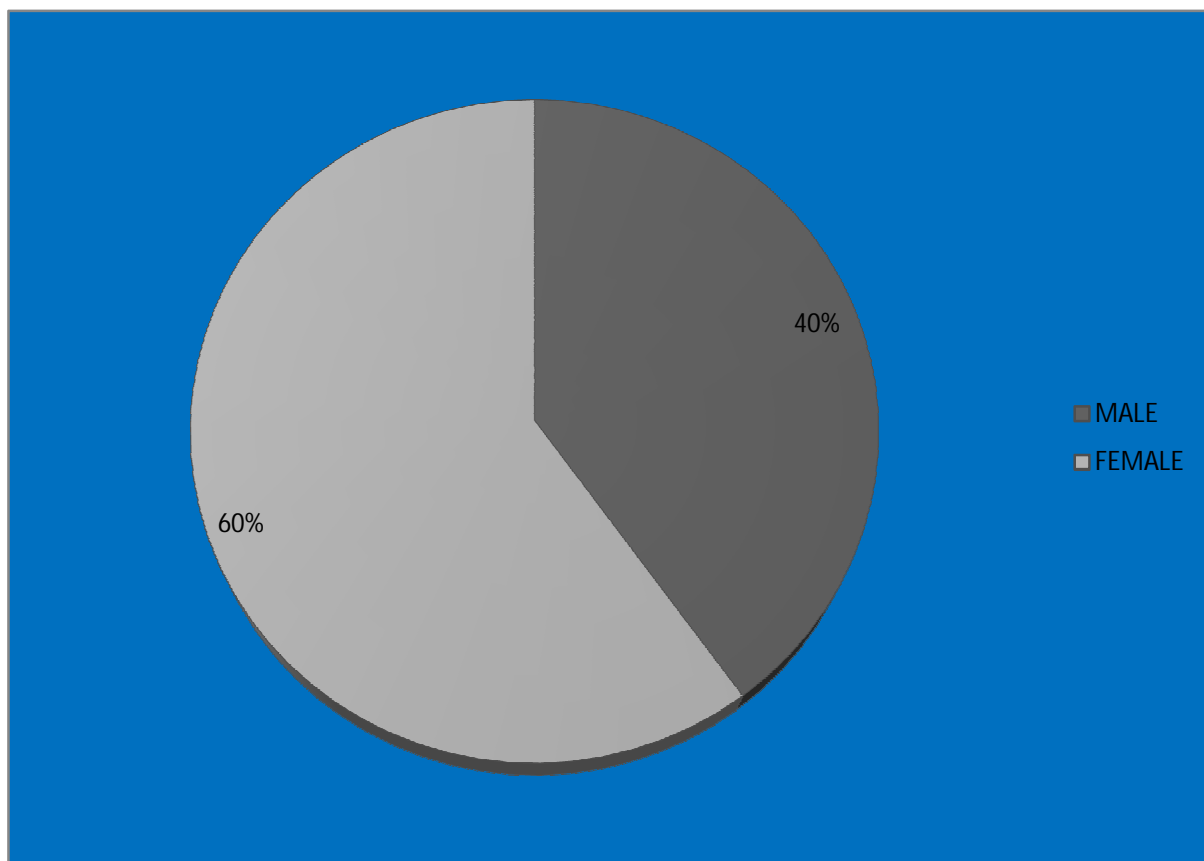


Figure 4.4 Bar diagram showing frequency and distribution of religion of the parents.

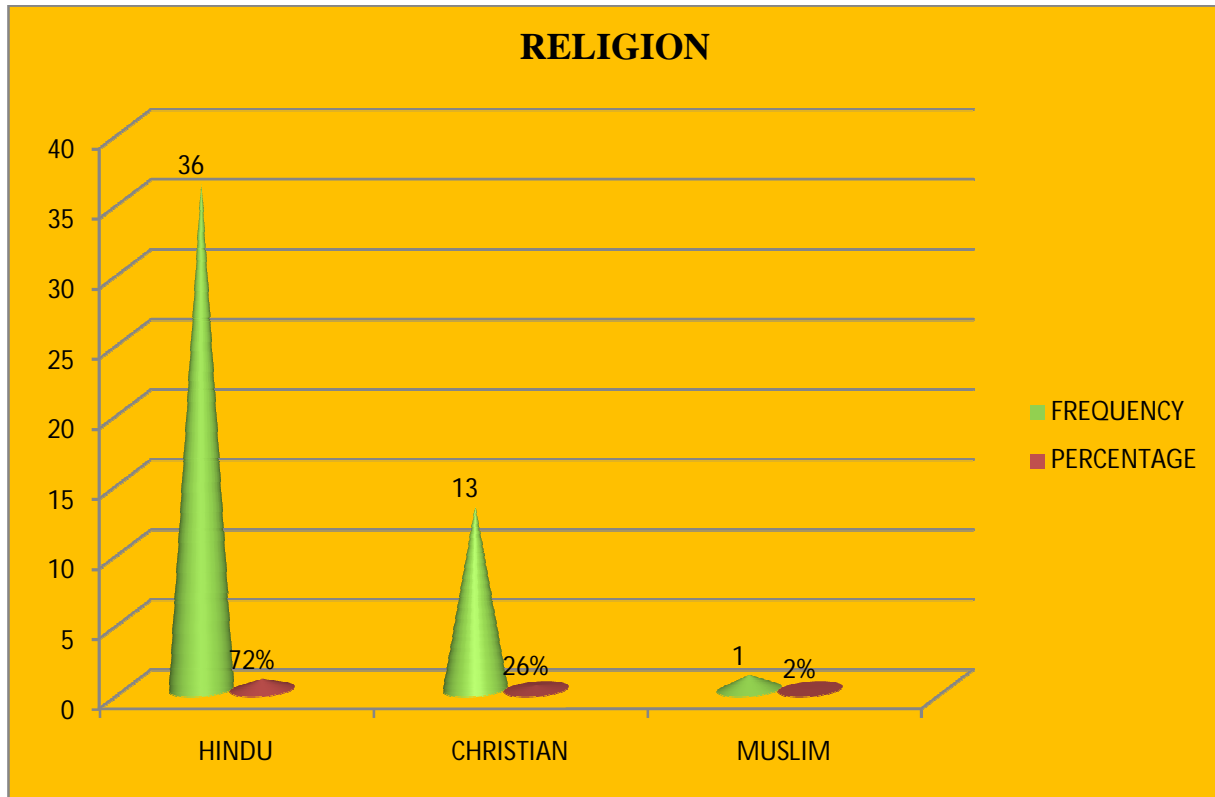


Figure 4.5 Bar diagram showing frequency and distribution of fathers educational status.

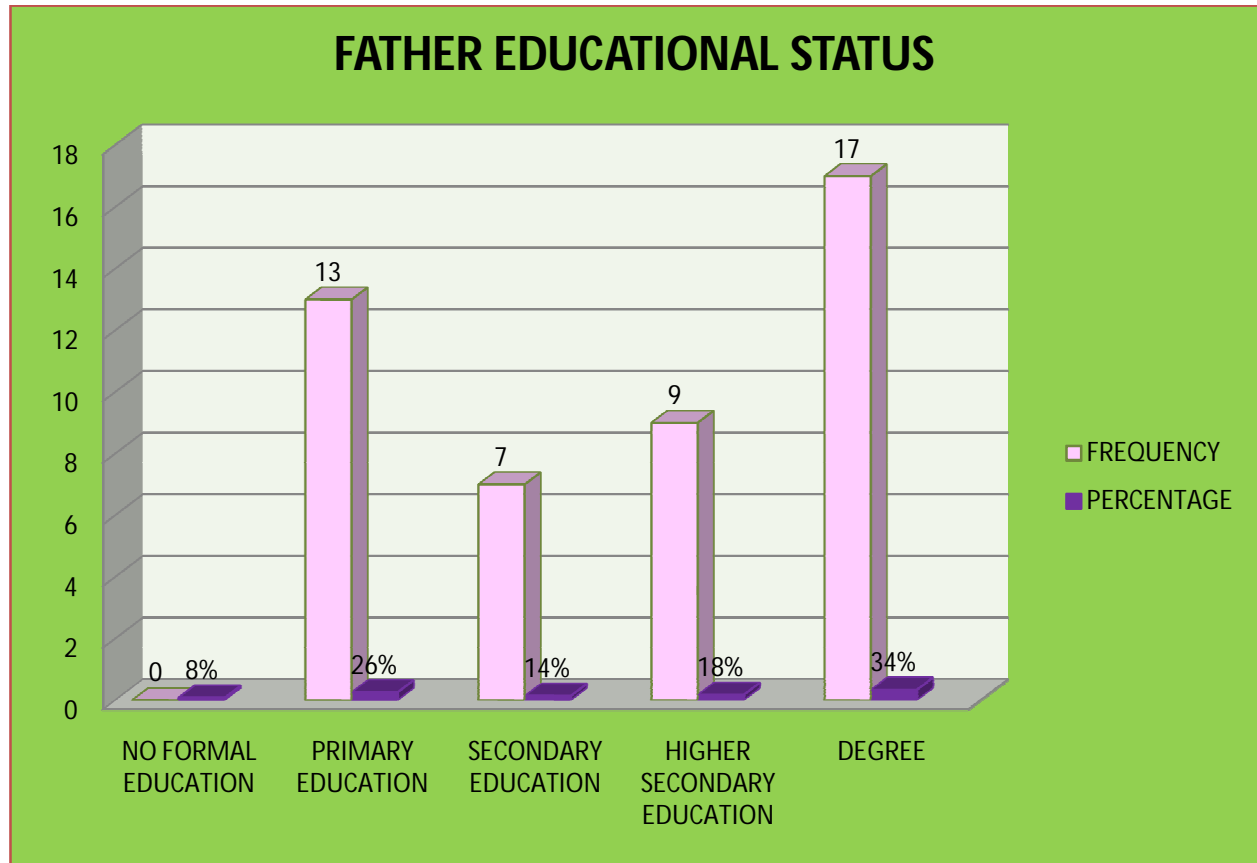


Figure 4.6 Bar diagram showing frequency and distribution of mothers educational status.

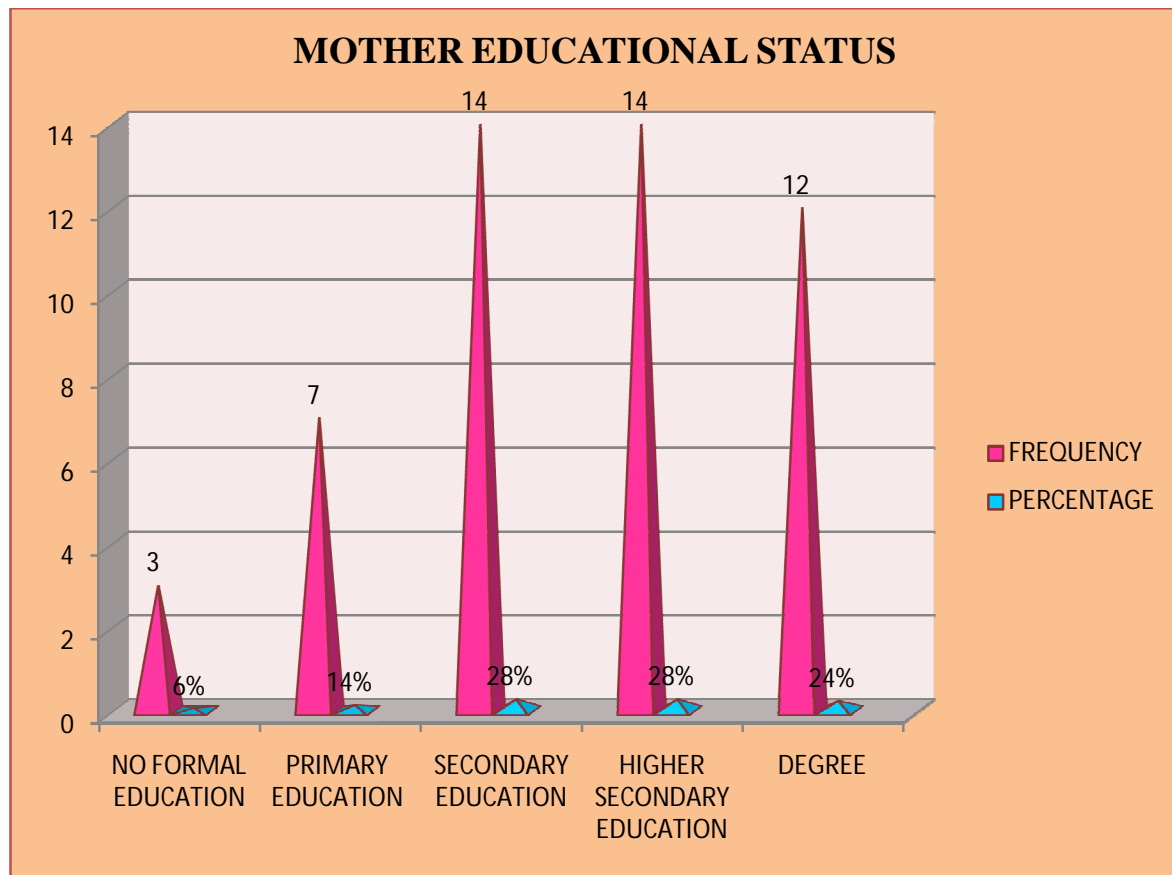


Figure 4.7 Bar diagram showing frequency and distribution of fathers occupational status.

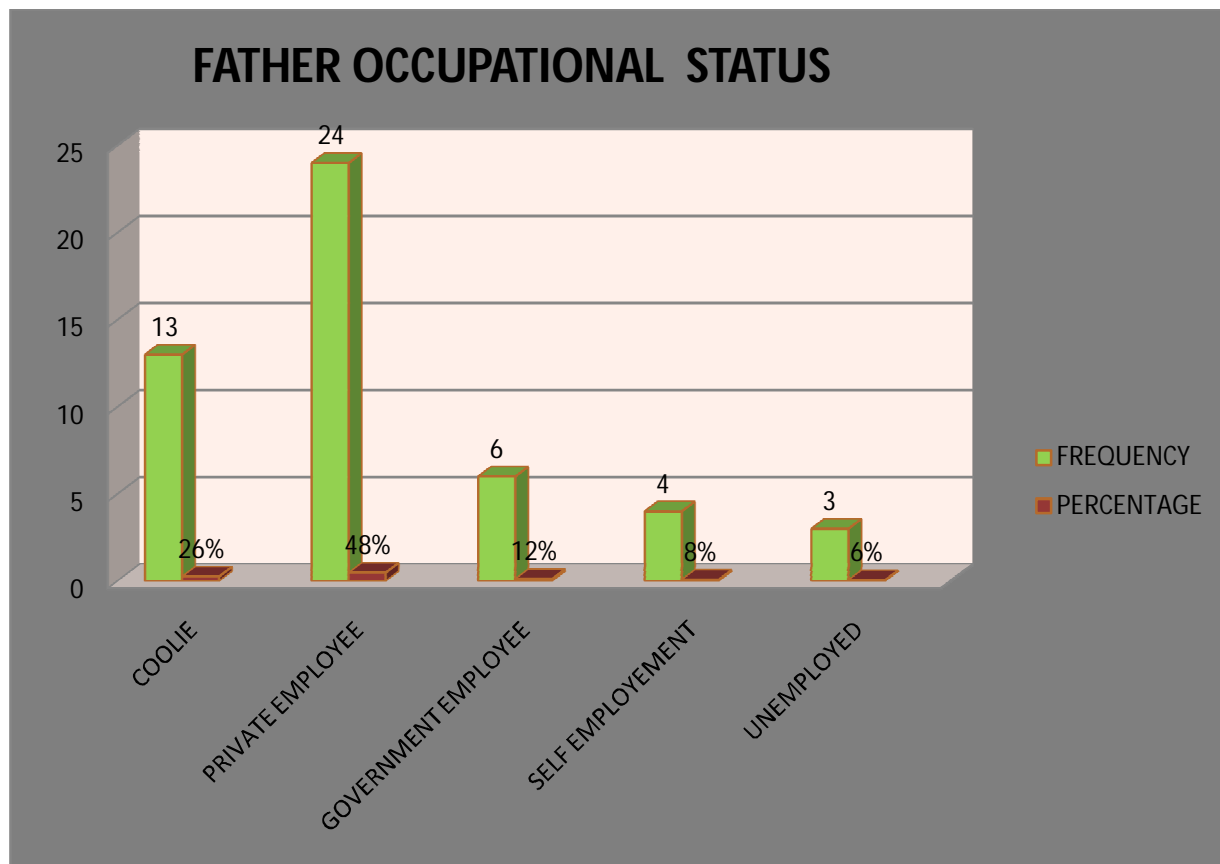


Figure 4.8 Bar diagram showing frequency and distribution of mothers occupational status.

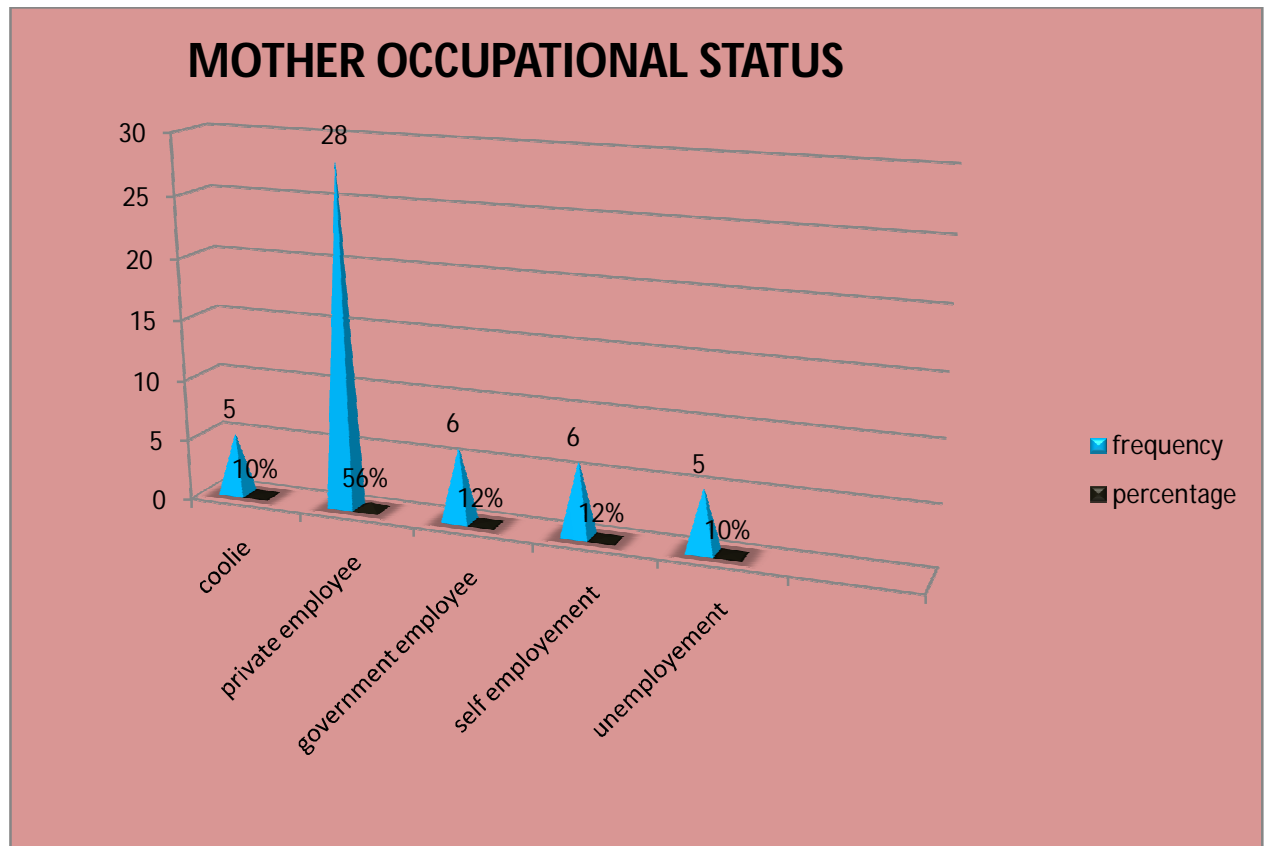


Figure 4.9 Bar diagram showing frequency and distribution of economic status of the family.

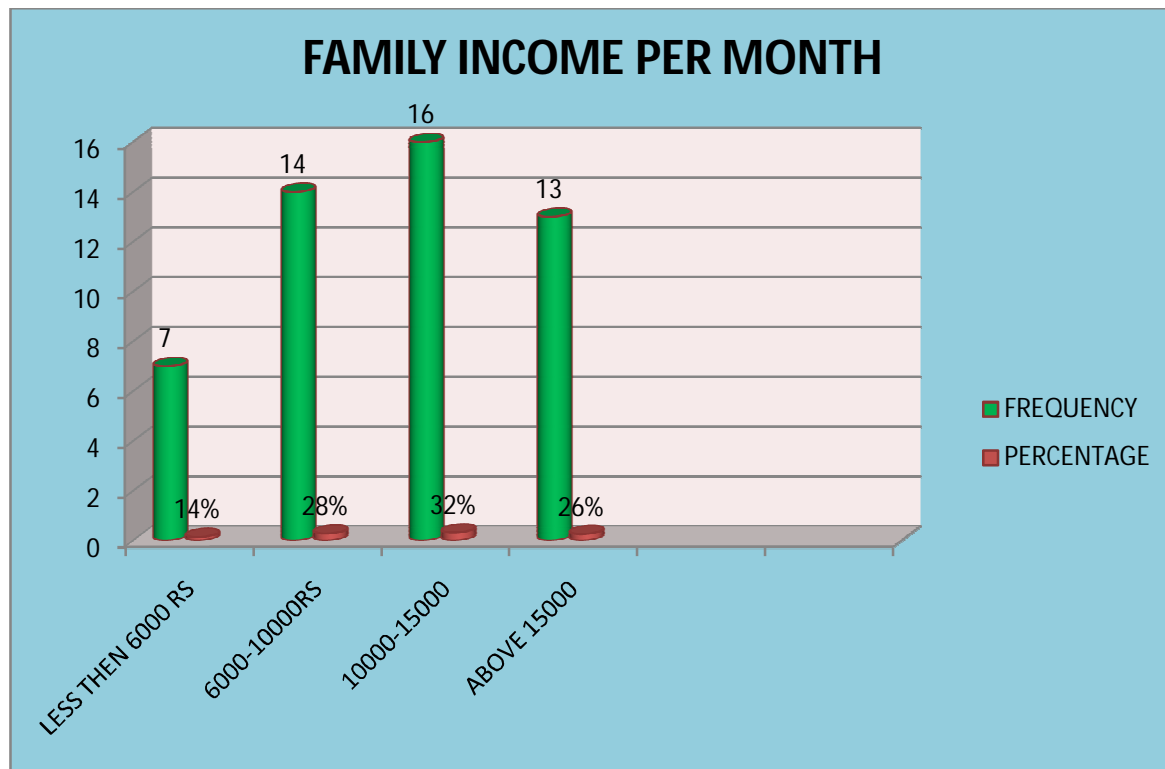


Figure 4.10 Bar diagram showing frequency and distribution of residential area of the parents.

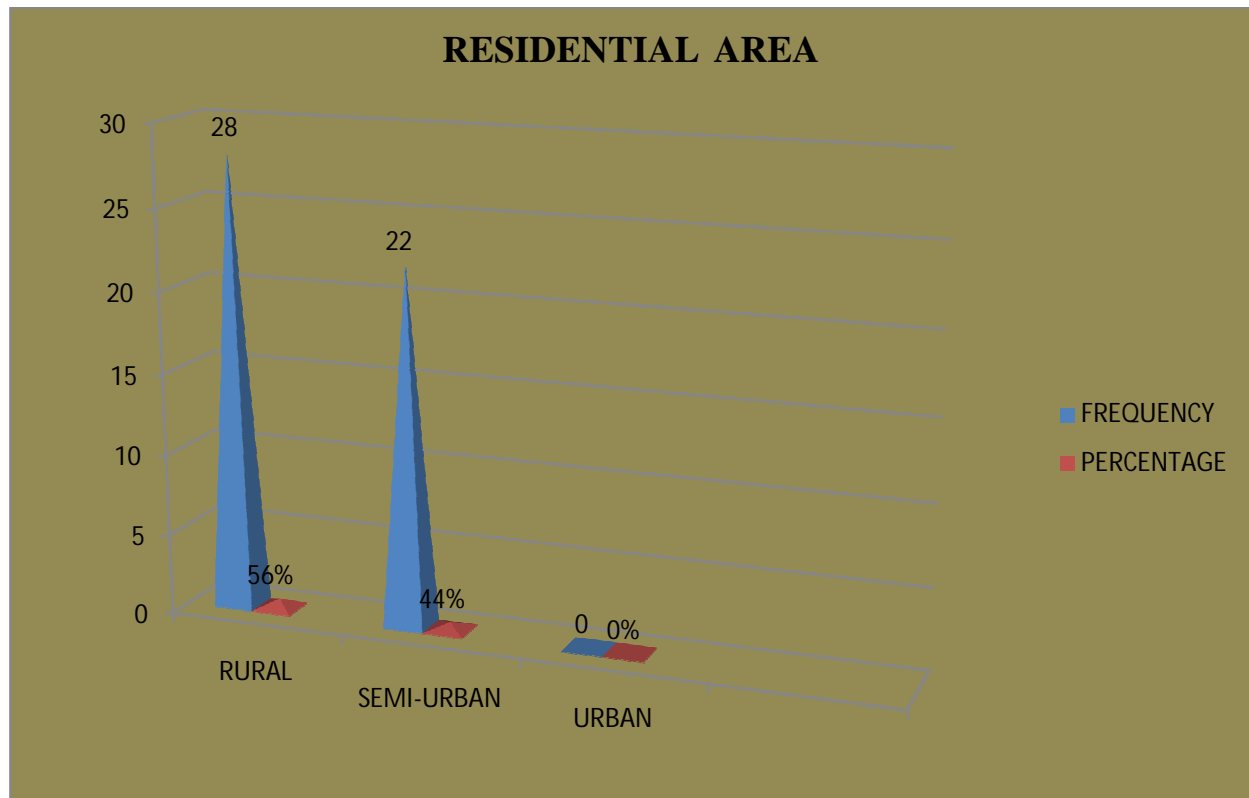
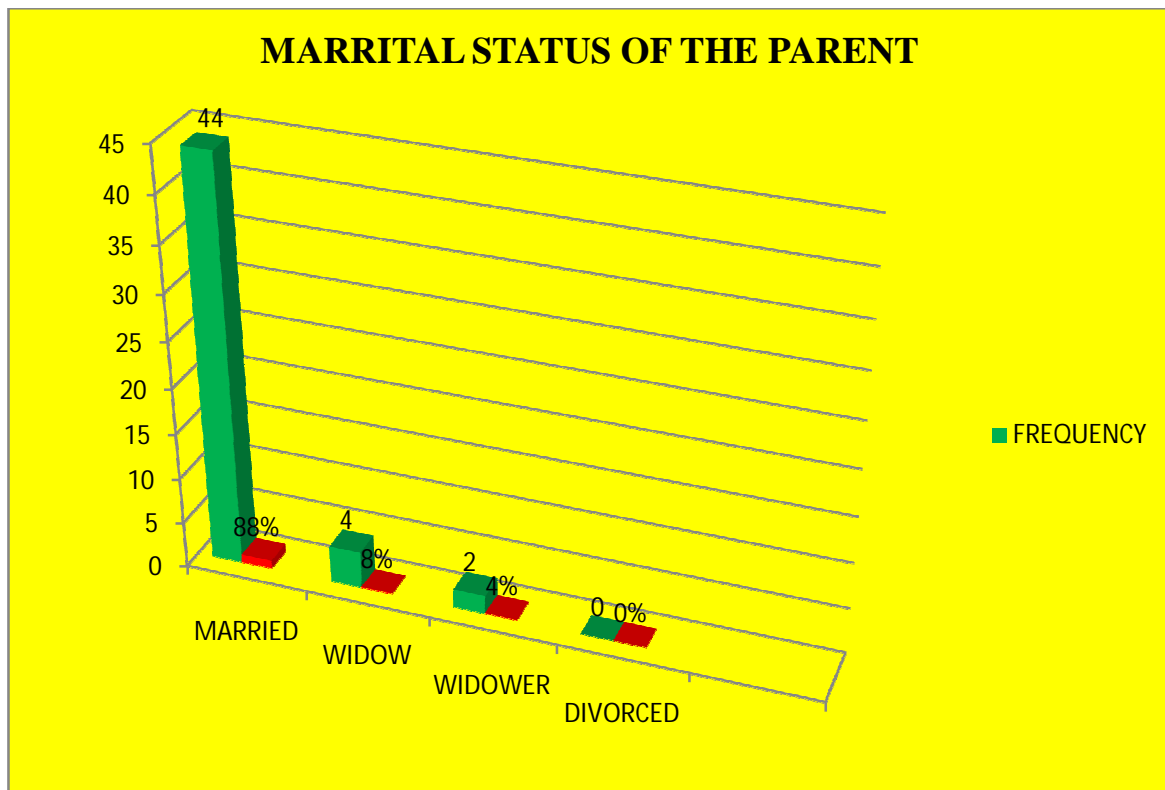


Figure 4.11 Bar diagram showing frequency and distribution of marital status of the parents.



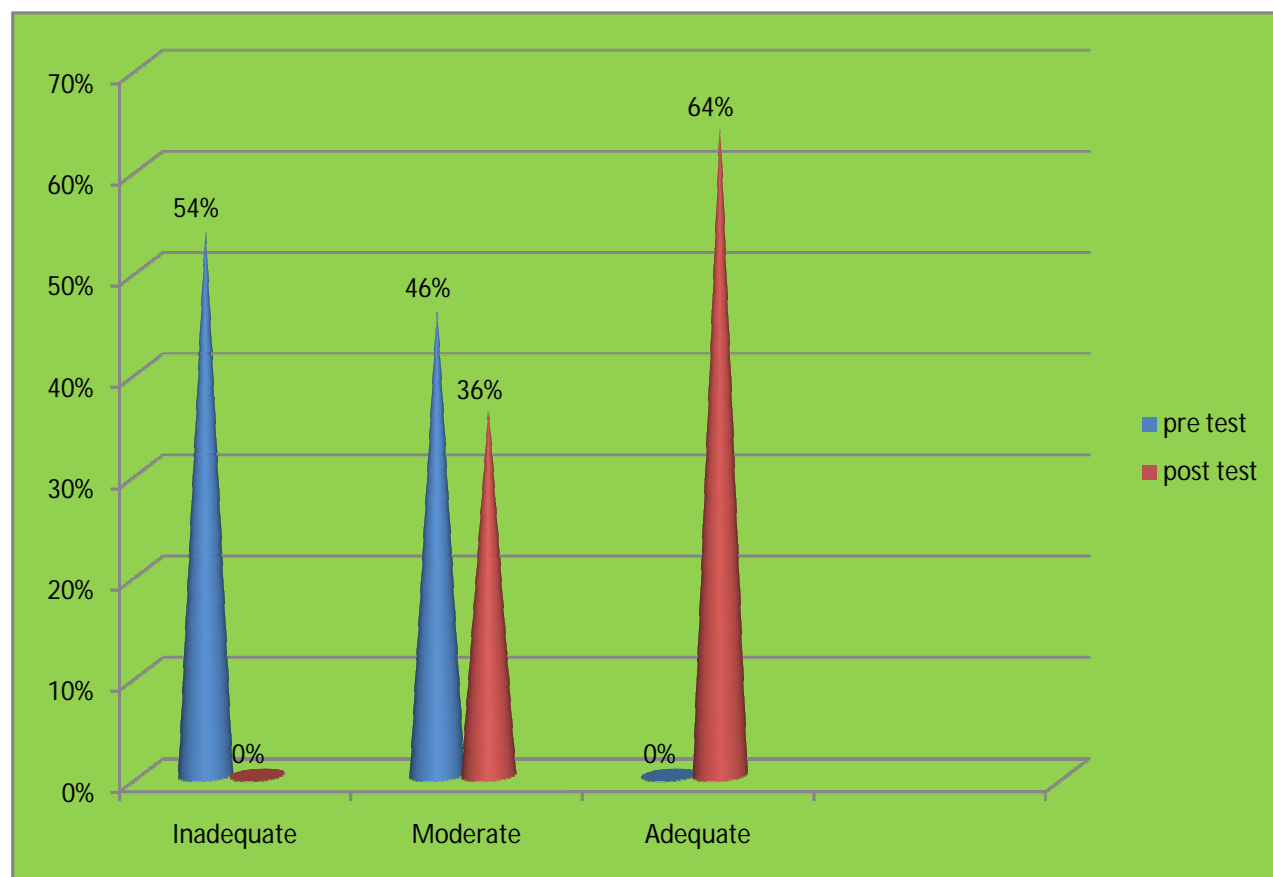
SECTION B: ASSESS THE LEVEL OF KNOWLEDGE AMONG PARENTS BEFORE AND AFTER STRUCTURE TEACHING PROGRAM.

TABLE: 4.2 Frequency and percentage distribution of pre and post test scores on adjustment disorder among parents of middle school children.

S.NO	LEVEL OF KNOWLEDGE	SCORE	PRE TEST		POST TEST	
			FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1.	Inadequate	0-10	27	54%	0	0%
2.	Moderate	11-20	23	46%	18	36%
3.	Adequate	21-30	0	0%	32	64%

Table – 4.2 shows that during pre test 27 (54%) had inadequate knowledge, 23 (46%) had moderate knowledge and none of them had adequate knowledge. during post test 32 (64%) had adequate knowledge, 18 (36%) had moderate knowledge and none of them had inadequate knowledge.

Figure 4.13 Bar diagram showing frequency and distribution of pre test and post test score.



SECTION C: Effectiveness of structured teaching program on adjustment disorder among parents of middle school children.

The effectiveness of structured teaching program on adjustment disorder among parents of middle school children. Paired” t” value of pre test and post test scores on level of knowledge among parents of middle school.

Table 4.3 Paired” t” value of pre test and post test scores of level of knowledge among parents.

S.No	Level of knowledge	Paired” t” value	Table value	Level of significant
1.	Adjustment disorder	19.16	2.001	P<0.05 Significance

Df=49

Table value=2.001

P <0.05 Significance

(Table 4.3) shows Paired” t” value was calculated to analyze the effectiveness between pre and post scores of knowledge level of parents. The paired “t” value was 19.16, which is high when compared to table value 2.001. It seems that the structured teaching program was also effective in improve the knowledge level among parents.

Table 4.4 Area wise comparison of mean, standard deviation, and mean percentage of pre test and Post test scores on level of knowledge among parents of middle school children.

S.no	Level of knowledge	Max score	Parents of middle school children						Difference in mean percentage %
			Pre test			Post test			
			Mean	SD	Mean %	Mean	SD	Mean %	
1.	Adjustment disorder	30	10	3.68	6.66%	19.92	3.77	39.84%	33.18%

(Table 4.4) shows Comparison of mean, SD and mean percentage of pre test and post test scores reveals that in pre test mean score was(6.66%),whereas in post test mean and mean percentage was 39.18% (3.918). It seems that the pre test was lower than post test which showing structured teaching program is effective in management of adjustment disorder and

prevent the complication.

Section D: Association between demographic variables and level of knowledge among parents.

Table 4.5 Chi square value of association between post test scores of knowledge level among parents with their selected demographic variables

S.NO	Demographic variables	Df	Table value	Chi square value	Level of significance
1.	Age of the children (In years)	2	2.05	2.68	P <0.05 Significant
2.	Gender of the children	1	1.41	0.465	P< 0.05 Significant
3.	Gender of the parent	1	1.41	2.11	P <0.05 Significant
4.	Religion	2	2.05	0.5959	P> 0.05 Not Significant
5.	Educational status of the father	3	3.84	4.796	P <0.05 Significant
6.	Educational status of the mother	3	3.84	4.3515	P <0.05 Significant
7.	Occupation of the father	3	3.84	4.3265	P <0.05 Significant
8.	Occupation of the mother	3	3.84	2.389	P >0.05 Not Significant
9.	Income of the family per month	3	3.84	4.973	P <0.05 Significant
10.	Residential area	2	2.05	3.084	P <0.05 Significant
11.	Marital status of the parent	3	3.84	0.3825	P> 0.05 Not Significant
12.	Relationship with their children	3	3.84	0.62	P> 0.05 Not Significant
13.	children share very personal problems with parents	3	3.84	5.5074	P <0.05 Significant
14.	How problematic students should be helped	3	3.84	2.5596	P >0.05 Significant
15.	Source of information	3	3.84	1.152	P> 0.05 Not Significant

Df=2 Table value=2.001 P <0.05 Significance P> 0.05 Not significance

Chi-square was calculated to find out the association between the post test scores of parents with their selected demographic variables regarding structured teaching program on adjustment disorder. It reveals that there was a significant association($P < 0.05$) found between the post test scores of adjustment disorder and demographic variables like age of the children, gender of the children, gender of the parents, educational status of father and mother ,occupational status of father, family income per month, residential area, sharing of personal problem with their parent. There was no significant association($p > 0.05$) found between post test scores of knowledge level when compared to other demographic variables such as religion, occupational status of mother, marital status of the parent, relationship with their children, how problematic students should be helped, source of information.

CHAPTER V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with the discussion which was based on the findings obtained from the statistical analysis and its relation to the objectives of the study, the conceptual framework and the related literature. Ends with the summary of the study, findings, conclusion and the Implication in Nursing administration, Nursing practice, Nursing education and Nursing research, suggestions and recommendations for research in future.

This study was done to assess the effectiveness of structured teaching programme on adjustment disorder among middle school children parents.

The study was discussed by the objectives of this study.

1. To assess the knowledge regarding adjustment disorder among parents of middle school children.

Frequency and percentage distribution of pre and post test score of level of knowledge among middle school children parents.

- In pre test 27 (54%) had inadequate knowledge, 23 (46%) had moderate knowledge and none of them had adequate knowledge.
- In post test 32 (64%) had adequate knowledge, 18 (36%) had moderate knowledge and none of them had inadequate knowledge.

- It seems that structured teaching program was effective.

2. To evaluate the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among middle school children parents.

Paired 't' value was calculated to analyze the effectiveness between pre and post scores of knowledge level of parents. The paired "t" value was 19.16, which is high when compared to table value 2.001. It seems that the structured teaching program was also effective in improving the knowledge level among parents.

3: To determine the association between the knowledge post test scores with selected socio-demographic variables.

Chi-square was calculated to find out the association between the post test scores of parents with their selected demographic variables regarding structured teaching program on adjustment disorder. It reveals that there was a significant association ($P < 0.05$) found between the post test scores of adjustment disorder and demographic variables like age of the children, gender of the children, gender of the parents, educational status of father and mother, occupational status of father, family income per month, residential area, sharing of personal problem with their parent. There was no significant association ($p > 0.05$) found between post test scores of knowledge level when compared to other demographic variables such as religion, occupational status of mother, marital status of the parent, relationship with their children, how problematic students should be helped, source of information.

SUMMARY:

A structured teaching program used to help the parents to improve their knowledge level

regarding adjustment problem and its management. It is provided to Parents of middle school children including both father and mother, Parents those who are willing to participate the study, and Parents those who are available at the time of data collection. It is also used to Parents those who are having children with adjustment problem in their family, who is not willing to participate in this study, who is having knowledge regarding adjustment disorder.

By using this method parents are gained adequate knowledge about adjustment disorder and its management among middle school children parents.

Frequency and percentage distribution, during pre test 27 (54%) had inadequate knowledge, 23 (46%) had moderate knowledge and none of them had adequate knowledge. during post test 32 (64%) had adequate knowledge, 18 (36%) had moderate knowledge and none of them had inadequate knowledge. This structured teaching program was also effective regarding the knowledge of adjustment disorder among parents of middle school children.

FINDINGS:

The major findings are the study were presented under the following headings:

➤ Findings related to description of sample according to their demographic variables.

Distribution of sample, children age group were distributed more in 13 years is 20(40%) and least 13(26%) were 11 years children.

Distribution of sample, according to their gender majority of children 33(66%) belongs to girls and 17(34%) belongs to boys.

Distribution of sample, according to gender of parents 20(40%) belongs to males and 30(60%) belongs to females.

Distribution of sample, according to their religion were Hindu 36(72%), Christian 13(26%) and Muslim 1(2%).

Distribution of sample, according to the educational status of the father were distributed more in degree 17(34%) and least in no formal education 4(8%).

Distribution of sample, according to the educational status of the mother were distributed more in secondary and higher secondary education 14(28%) and least in no formal education 3(6%).

Distribution of sample, according to the occupational status of the father were distributed more in private employee 24(48%) and least in unemployed 3(6%).

Distribution of sample, according to the occupational status of the mother were distributed more in private employee 24(48%) and least in unemployed and coolie worker 5(10%).

Distribution of sample, according to their economic status parents were distributed more in 10,000-15,000/month 16(32%) and least in less than 6000 were 7(14%).

➤ **ASSESS THE LEVEL OF KNOWLEDGE AMONG PARENTS BEFORE AND AFTER STRUCTURE TEACHING PROGRAM.**

Frequency and percentage distribution, during pre test 27 (54%) had inadequate knowledge, 23 (46%) had moderate knowledge and none of them had adequate knowledge. during post test 32 (64%) had adequate knowledge, 18 (36%) had moderate knowledge and none of them had inadequate knowledge. This structured teaching program was effective regarding the knowledge of adjustment disorder among parents of middle school children.

➤ **Paired” t” value of pre test and post test scores of level of knowledge among parents.**

Paired ‘t’ value was calculated to analyze the effectiveness between pre and post scores of

knowledge level of parents. The paired “t” value was 19.16, which is high when compared to table value 2.001. It seems that the structured teaching program was also effective in improving the knowledge level among parents.

➤ **Area wise comparison of mean, standard deviation and mean percentage of pre test and Post test scores on level of knowledge among parents of middle school children in experimental group.**

Comparison of mean, SD and mean percentage of pre test and post test scores reveals that in pre test mean score was (6.66%), whereas in post test mean and mean percentage was 39.18% (3.918). It seems that the pre test was lower than post test which showing structured teaching program is effective in management of adjustment disorder and prevents the complication.

➤ **Association between demographic variables and level of knowledge among parents, Chi square value of association between post test scores of knowledge level among parents with their selected demographic variables.**

- Chi-square value of age of the children was 2.68.
- Chi-square value of gender of the children was 0.465
- Chi-square value of gender of the parent was 2.11
- Chi-square value of religion 0.5959
- Chi-square value of educational status of the father 4.796
- Chi-square value of educational status of the mother 4.3515
- Chi-square value of occupational status of the father 4.3265
- Chi-square value of occupational status of the mother 2.389

- Chi-square value of family income per month 4.973
- Chi-square value of residential area 3.084
- Chi-square value of marital status of the parent 0.3825
- Chi-square value of relationship of the children with their parents 0.62
- Chi-square value of children share their problem with parents 5.5074
- Chi-square value of helping for adjustment disorder students 2.5596
- Chi-square value of source of information 1.152

CONCLUSION:

From the findings of the study it can be concluded that,

- ✓ Most of the parents were have inadequate knowledge level.
- ✓ The mean post test score was higher than the mean pretest score, it indicates structured teaching program found to be significantly effective in improving the level of knowledge among parents.

It shows that this structured teaching program was effective regarding the knowledge of adjustment disorder among parents of middle school children.

NURSING IMPLICATION:

The findings of the study has implications in different branches of Nursing Profession i.e., Nursing Practice, Nursing Education, Nursing administration and Nursing Research.

Nursing Practice:

- ✓ The nurse's key role is to educate the parents in early identification and reporting appropriately to the health professionals.
- ✓ The knowledge of adjustment disorder and its management would help the parents to

handle the situation carefully and prevent the problem.

- ✓ Research strongly supports structured teaching program regarding adjustment disorder as an effective tool to gain adequate knowledge about it.

Nursing Education:

- ✓ Nursing educator should educate the nursing professional to update their knowledge regarding adjustment disorder and its management.
- ✓ In-service education to update their knowledge and skills in various health care setting should be given.

Nursing Administration:

- ✓ Nursing administrator can review the adjustment disorder and its management for parents of middle school children.
- ✓ The administrator should support the staffs to conduct programme on management of adjustment disorder in school.

Nursing Research:

- ✓ The study will be useful for further reference.
- ✓ The results of the study help the parents to identify the adjustment problems and its management.
- ✓ Encourage the nurses for conducting research in various aspects regarding

Adjustment disorder.

RECOMMENDATIONS:

The study of adjustment is very wide field of research by keeping in view the experience of thorough and systematic research. The following suggestions are presented for further study :

- This study can also be undertaken for the students and teachers.

- A study of the adjustment problems of college and university students can be conducted.
- A study of the adjustment problems may be conducted on maladjusted students.
- This study can also be undertaken for the adjustment of professional and nonprofessional students.
- A comparative study can be conducted on adjustment problems of teachers and students.
- A comparative study can be conducted on adjustment problems of boys and girls of different age group .

SUMMARY:

This chapter deal with the summary of the study, major findings, conclusions, implications of the study in nursing field and recommendations for future.

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APPENDIX – I

LETTER SEEKING PERMISSION TO CONDUCT STUDY

From

301632551,
M .Sc (N)-II Year
Anbu College of Nursing,
Komarapalayam,
Namakkal (Dist).

To

The Head Mistress,
Panchayath union middle School,
Mathur,
Erode (Dist).

Through,

Prof. Mrs. Vijayalakshmi K, M Sc (N),
Principal,
Anbu College of Nursing,
Komarapalayam,
Namakkal (Dist).

Subject: Requesting permission to conduct study in school.

Respected sir / Madam

I am M Sc Nursing student of Anbu college of Nursing. I have selected the below mentioned topic for the research project to be submitted to THE TAMILNADU DR.MGR MEDICAL UNIVERSITY, CHENNAI, as a partial fulfillment of university requirement for degree M Sc Nursing. **Title: A study to assess the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among parents of middle school children at selected, Erode.** Kindly grant me permission to conduct the study in your esteemed institution.

Thanking you in anticipation

Date

Place : Komarapalayam


தலைவியவர்களே,
ஊராட்சி ஒன்றிய நடுநிலைப்பள்ளி
மாதூர் (அ.த.) - 638 314.
அமைப்பு (Tn), - நாமக்கல் (Dist.)

Yours faithfully,
301632551

CONTENT VALIDITY CERTIFICATE

Name: S. Muthulakshmi Msc(N) Msc (Psychology)
Designation: Assistant Professor
Name of the College: Vellalar College of Nursing
Maruthi nagar, Thindal, Erode - 12.

I hereby certify that I have validated the tool of 301632551 – II year M.Sc (N) student of Mental Health Nursing department who is undertaking dissertation on “A study to assess the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among Parents of middle school children , at selected school”.



Signature of the Expert:

Place: Erode

Date: 6/6/2018

Designation: Assistant Professor.



CONTENT VALIDITY CERTIFICATE

Name: MR. R. NAGANANDINI

Designation: Associate Professor & HOD.

Name of the College: Vinayaka Mission's Annapoorana College
of Nursing, Salem.

I hereby certify that I have validated the tool of 301632551 – II year M.Sc (N) student of Mental Health Nursing department who is undertaking dissertation on “A study to assess the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among Parents of middle school children at selected school”.

Signature of the Head of the Department
Department of Psychiatric Nursing
Vinayaka Mission's Annapoorana College of Nursing
SALEM, TAMILNADU.

Place:

Date: 04.07.18.

Designation:

CONTENT VALIDITY CERTIFICATE

Name: Dr. Sampooram

Designation: Reader

Name of the College: Pharmas College of Nursing, Pellokkupitayam, Namakkal

I hereby certify that I have validated the tool of 301632551 – II year M.Sc (N) student of Mental Health Nursing department who is undertaking dissertation on “A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING ADJUSTMENT DISORDER AND ITS MANAGEMENT AMONG PARENTS OF MIDDLE SCHOOL CHILDREN AT SELECTED SCHOOL”.

Signature of the Expert:

Place: Pellokkupitayam

Date: 29/6/18

Designation: Reader

CONTENT VALIDITY CERTIFICATE

Name:

Designation:

Name of the College:

I hereby certify that I have validated the tool of 301632551 M Sc (N) – II year student of Mental Health Nursing department who is undertaking dissertation on **“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING ADJUSTMENT DISORDER AND ITS MANAGEMENT AMONG PARENTS OF MIDDLE SCHOOL CHILDREN AT SELECTED SCHOOL, ERODE”**

Signature of the Expert:

Place:

Date:

Designation:

LETTER REQUESTING OPINION & SUGGESTIONS OF EXPERTS OF CONTENT VALIDITY OF TOOL

From

301632551

M.SC (N) Iyear,
Anbu college of Nursing
Komarapalayam.

To

Through
The Principal,
Anbu college of Nursing,
Komarapalayam.

SUB : Requesting Content Validity -Valuable opinion & suggestions-regarding.

Respected Madam,

I am a M.Sc. (N) student of Anbu college of Nursing, Komarapalayam. In partial fulfillment of M.Sc (N) programme, I have selected the topic mentioned below for the research project which has to be submitted to the Tamil Nadu Dr.M.G.R. Medical University.

Hereby I have enclosed the tool, Hence I request to validate the tool & give your valuable opinion & suggestions for necessary modification on the same.

“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING ADJUSTMENT DISORDER AND ITS MANAGEMENT AMONG PARENTS OF MIDDLE SCHOOL CHILDREN AT SELECTED SCHOOL, ERODE”

Thanking you

Yours faithfully

301632551

Encl: Tool

APPENDIX II

LIST OF EXPERTS FOR CONTENT VALIDITY

1. Dr.K. Selvaraj

DPM, MD (Psych) ,DNB (Psych), FIPS

Prof. of Psychiatry, consultant & Director

Vazhikatti Mental Health Centre& Research Institute

Coimbatore.

2. Dr. Anitha. M.sc psychologist

Vazhikatti Mental Health Centre& Research Institute

Coimbatore.

3. Dr.Sampooranam, Ph.D,

Reader.,

Department of Mental Health Nursing,

Dhanvantri College Of Nursing,

Namakkal.,

4. Mrs. Naganandini. R. M. Sc (N),

Associate professor and HOD of Mental Health Nursing,

Vinayaka Mission Annapurna college of Nursing.,

Salem.

5. Mrs. Muthulakshmi. S, M. Sc (N), M.Sc (psychology),

Assistant professor,

vellalar college of Nursing,Thindal,

Erode.

APPENDIX III

LETTER SEEKING CONSENT OF THE SUBJECT FOR THE

PARTICIPATION IN THE RESEARCH STUDY

I am voluntarily willing to participate in the study conducted by 301632551 M.Sc Nursing II Year student of Anbu College of Nursing, on **“A study to assess the effectiveness of structured teaching programme on knowledge regarding adjustment disorder and its management among parents of middle school children at selected, Erode”**. I will also cooperate with the researcher in providing necessary information. I explained the information provided would be kept in confidential and use only for above mentioned study purpose.

Signature of the Investigator

Signature of the Parent

Place:

Place:

Date:

Date:

APPENDIX IV

CERTIFICATE FOR ENGLISH & TAMIL EDITING TO WHOMSOEVER IT MAY CONCERN

This is to certify that the tool developed by 301632551 M.Sc Nursing II year student of Anbu College of Nursing for dissertation **“A study to assess the effectiveness of structured teaching programme on knowledge regarding adjustment disorder and its management among parents of middle school children at selected, Erode”** edited for English language appropriateness by Mr. Parthiban.S. M.A. B.ED,

Date:

Signature

Place:

CERTIFICATE BY THE STATISTICIAN

This is to certify that the tool developed by 301632551 M.Sc Nursing II year student of Anbu College of Nursing for dissertation **“A study to assess the effectiveness of structured teaching program on knowledge regarding adjustment disorder and its management among parents of middle school children at selected school Erode”** has been statistically analysed under the consultation and guidance of the statistician.

Date:

Signature

Place:

CRITERIA CHECKLIST FOR VALIDATION OF TOOL

Instruction:

Kindly go through the items regarding accuracy, relevancy and appropriateness of the content. There are three response columns in the checklist namely strongly agree, agree and disagree. Place a tick mark against the specific column. If you disagree to any of the item, write your remarks and suggestions in given column.

SECTION-A DEMOGRAPHIC PERFORMA

S,NO	INADEUQAQTE	MODERATE	ADEQUATE	REMARKS AND SUGGESIONS
1.				
2.				
3.				
4.				
5.				
6.				
7.				

SECTION B

KNOWLEDGE QUESTIONNAIRE ON ADJUSTMENT DISORDER AND ITS MANAGEMENT AMONG PARENTS OF MIDDLE SCHOOL CHILDREN.

S,NO	INADEUQTE	MODERATE	ADEQUATE	REMARKS AND SUGGESIONS
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30				

SECTION-C
SCORING KEY FOR KNOWLEDGE QUESTIONNAIRE

QUESTION NO	ANSWER	SCORE
1.	a	1
2.	b	1
3.	b	1
4.	b	1
5.	d	1
6.	d	1
7.	a	1
8.	d	1
9.	c	1
10	d	1
11	a	1
12	b	1
13	a	1
14	c	1
15	c	1
16	d	1
17	b	1
18	a	1
19	a	1
20	c	1
21	c	1
22	d	1
23	a	1
24	a	1
25	d	1
26	d	1
27	b	1
28	d	1
29	a	1
30	a	1
	Total	30

SECTION - A
DEMOGRAPHIC DATA

INSTRUCTIONS:

Kindly go through each item and give your responses (✓) against the box provided against each item. Please make sure that you answer all the items.

1. Age of the children (In years):

- a) 11 ()
- b) 12 ()
- c) 13 ()

2. Gender of the children:

- a) Male ()
- b) Female ()

3. Gender of the parent:

- a) Male ()
- b) Female ()

4. Religion:

- a) Hindu ()
- b) Christian ()
- c) Muslim ()

5. Educational status of the father:

- a) No formal education ()
- b) Primary education ()
- c) Secondary education ()
- d) Higher secondary education ()
- e) Degree ()

6. Educational status of the mother:

- a) No formal education ()
- b) Primary education ()
- c) Secondary education ()
- d) Higher secondary education ()
- e) Degree ()

7. Occupation of the father:

- a) Coolie worker ()
- b) Private employee ()
- c) Government employee ()
- d) Businessman ()
- e) Unemployed ()

8. Occupation of the mother:

- a) Coolie worker ()
- b) Private employee ()
- c) Government employee ()
- d) Businessman ()
- e) Unemployed ()

9. Income of the family per month (in Rs):

- a) Less than 6000 ()
- b) 6001 to 10,000 ()

- c) 10,000to 15,000 ()
- d) Above 15,000 ()

10. Residential area:

- a) Rural ()
- b) Semi-Urban ()
- c) Urban ()

11. Marital status of the parent:

- a) Married ()
- b) Widow ()
- c) Widower ()
- d) Divorced ()

12. How is your relationship with your children?

- a) Affectionate ()
- b) Cordial ()
- c) Hatred ()
- d) Distance ()

13. Do your children share very personal problems with you?

- a) Not Sure ()
- b) Tells all the problems ()
- c) Will not share due to Shyness ()
- d) Will not share due to Communication gap ()
- e) No close relationship ()

14. In which way do you think that the problematic students should be helped?

- a). Severe punishment ()
- b). Inform to the teachers to guide them ()
- c). Consulting with child psychologist ()
- d). No suggestion ()

15. Source of information about adjustment problems

- a) Health person ()
- b) Friends/ relatives ()
- c) Mass media ()
- d) No information ()

STRUCTURED KNOWLEDGE QUESTIONNAIRE

SECTION-B

Instructions:

Read each questions properly and put (✓) against each statement. Please make sure that you answer all the items.

1. Adjustment means:

- a) It means adaptation ()
- b) It means compromising ()
- c) It means avoiding ()
- d) It means confusing ()

2. Who is known as well adjusted person?

- a) Annoyed with unfounded ()
- b) Respect self and others ()
- c) Extream day-dreaming is observed ()
- d) Childish behavior is also evident ()

3. What factor influence a healthy growth of a child?

- a) One way love ()
- b) Parent's balanced behavior ()
- c) According to environment ()
- d) Good food ()

4. How will you identified maladjusted individuals?

- a) He had realistic perception ()
- b) He has very little ability to co-operate others ()
- c) He had leads balanced life ()
- d) He respects self and others ()

5. what are the major problems faced by the early adolescents?

- a) Financial problem only ()
- b) Emotional problem only ()
- c) Social problem only ()
- d) Financial, emotional, and social ()

6. Adjustment starts rights from:

- a) Adolescent period ()
- b) At birth ()
- c) Old age period ()
- d) Childhood period ()

7. Changes in person's life can takes place with in:

- a) within 3 months ()
- b) within 1 year ()
- c) at immediately ()
- d) above 1 year ()

8. An individual adopts the way of living in society through:

- a) Motivation ()
- b) Emotion ()
- c) Learning ()
- d) Socialization ()

9. What is the result of emotional immaturity in the child?

- a) Struggle ()
- b) Pain ()
- c) Frustration ()
- d) Anger ()

10. What is self-destructive behavior?

- a) Harm near persons ()

- b) Harm close objects ()
- c) Harm other things ()
- d) Harm them-self ()

11. How the children improve their personal independence?

- a) They want to take decision themselves ()
- b) They also discussed with peer group ()
- c) They follow their parents decision ()
- d) They follow near relatives ()

12. If your child is not willing for going to school, first what would you do?

- a) Ask their friends ()
- b) Meet their teacher and ask about child problem ()
- c) Change the school ()
- d) You leave your child in home ()

13. Which one is a common problem in school going children?

- a) school absenteeism ()
- b) Fear of teachers ()
- c) Forming of peer group ()
- d) Fear of academic ()

14. Conflict between students often results in:

- a) Continue their communication ()
- b) Changing their behaviour behavior ()
- c) Assaultive response ()
- d) Positive resolution ()

15. A child emotional changes can identify through:

- a) Thought ()
- b) Affect ()

c) Behavior ()

d) Sleeping pattern ()

16. How does the child receive all from the parents?

a) Drives ()

b) All requirements ()

c) Affection ()

d) Attention ()

17. Considering punishment as an insult, how the child react to it?

a) Fear it very much ()

b) Abhorre it very much ()

c) Consider it command ()

d) Take it easy ()

18. In order to escape punishments, the child causes may develop in:

a) Behavior changes ()

b) Reproofing ()

c) Socialisation ()

d) Demand ()

19. If you had suspicious thought about your children behavior changes what would you do?

a) Control your child for their well being ()

b) Don't ask anything ()

c) Discontinued their study ()

d) Beet the child without any clarification ()

20. Certain psychological factors may influence suicide in children, such as:

a) Peer rejection ()

- b) Lack of affection by parents ()
- c) Severe depression ()
- d) Watching someone ()

21. Strains and disparities appears in the child's personality on account of:

- a) Social disadjustment ()
- b) Bad environment ()
- c) Parents psychological behavior towards the child ()
- d) Parents aggressive behavior in front of the child ()

22. If you go for psychiatrist, He talks with whom?

- a) Only you ()
- b) Only your partner ()
- c) Only your child ()
- d) Both parents and child ()

23. What is the diagnosis of child with a behavioural changes?

- a) Meet the psychiatrist ()
- b) Asking through astrology ()
- c) Always staying with your child ()
- d) Pray to the God ()

24. Family therapy means:

- a) Address changes to the family dynamics ()
- b) Teach activities for only the child ()
- c) Teach only the parents ()
- d) Teaching only care takers ()

25. Parents training involves:

- a) Learn to cope with child behaviour ()
- b) Change diet and sleep pattern of child ()
- c) How to strict with children ()

d) Learning new skills to identify behavior problem ()

26. How to prevent adjustment disorder ?

a) Strict with the children ()

b) Separate the child in everywhere ()

c) Beating the child ()

d) Early discovery and professional health ()

27. Interactive time means:

a) Spend time with only child ()

b) Both child and parent fully engaged in an activity together ()

c) One parent and child ()

d) child and peer spend time ()

28. Parents activity in improving adjustment disorder:

a) Compare with other children ()

b) House arrest ()

c) Give money ()

d) Parent child relationship skills ()

29. What is the goal of parent in prevention of adjustment disorder?

a) Spent time and give attention for your child ()

b) Isolate the child ()

c) Compare to another child activity ()

d) Stop communication with others ()

30. What is the parent's role in adjustment disorder?

a) Proper Love & Care ()

b) Develop child peer relationship ()

c) Ask the child to change the behavior ()

d) Treat violently ()

SCORING KEY ANSWERS FOR STRUCTURED QUESTIONNAIRE

ITEM:	ANSWER:	ITEM:	ANSWER:
1.	(a)	16.	(d)
2.	(b)	17.	(b)
3.	(b)	18.	(a)
4.	(b)	19.	(a)
5.	(d)	20.	(c)
6.	(d)	21.	(c)
7.	(a)	22.	(d)
8.	(d)	23.	(a)
9.	(c)	24.	(a)
10.	(d)	25.	(d)
11.	(a)	26.	(d)
12.	(b)	27.	(b)
13.	(a)	28.	(d)
14.	(c)	29.	(a)
15.	(c)	30.	(a)

SCORING GUIDELINES :

Overall adjustment problems:

0-10 = poor knowledge about adjustment disorder

11-20 = moderate knowledge about adjustment disorder

Above 21 = adequate knowledge about adjustment disorder

LESSON PLAN
ON
ADJUSTMENT DISORDER

LESSON PLAN ON ADJUSTMENT DISORDER:

TOPIC : Adjustment disorder of middle school children

PARTICIPANTS : Middle school children parents

PLACE : Primary union middle school

DURATION : 45 mts

METHOD OF TEACHING : Structured teaching

TEACHING AIDS : LCD

EDUCATOR : MRS.P.ARIVARASI

M.SC Nursing II Year

Anbu college of Nursing

Komarapalayam.

CENTRAL OBJECTIVES:

At the end of the teaching, the parents will be able to:

Acquire knowledge regarding Adjustment, maladjustment and characteristics of adjusted and maladjusted persons, characteristics of adolescents, problems faced by middle school children. And also parents can gain adequate knowledge about adjustment disorder, its incidents, causes, risk factors, symptoms, effects ,types of adjustment disorder, diagnosis and treatment for it. In this teaching provide more knowledge about what is the role of parents in preventing adjustment disorder.

CONTRIBUTORY OBJECTIVES: At the end of the teaching the parents are able to;

- define adjustment .
- discuss characteristics of a well adjusted person
- Define mal adjustment and characteristics of mal adjusted person.
- list down the factors contributing to maladjustment during childhood.
- list down the characteristics of adolescents.
- discuss problems faced by middle school children.
- define adjustment disorder.

- explain the causes and risk factors of adjustment disorder.
- enlist the symptoms and effects of adjustment disorder.
- list down the types of adjustment disorder.
- describe about treatment of adjustment disorder.
- discuss about role of parents in prevention of adjustment disorder.

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHING& LEARNING ACTIVITY	TYPE OF AV AIDS	EVALUATION
2mts		<p>INTRODUCTION:</p> <p>An adjustment disorder occurs when an individual is unable to adjust to or cope with a particular stress or a major life event. Since people with this disorder normally have symptoms that depressed people do, such as general loss of interest, feelings of hopelessness and crying, this disorder is sometimes known as situational depression.</p> <p>An adjustment disorder is a type of mental disorder resulting from maladaptive, or unhealthy, responses to stressful or psychologically distressing life events. This low level of adaptation then leads to the development of emotional or behavioral symptoms.</p> <p>ADJUSTMENT:</p> <p>“Adjustment is the outcome of the individual’s attempts to deal with the stress and meet his needs: also his efforts to maintain harmonious relationships with the environment.</p> <p>- coleman</p>			

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHING & LEARNING ACTIVITY	TYPE OF AV AIDS	EVALUATION
2mts	The group will be able to know about areas of adjustment	<p>AREAS OF ADJUSTMENT:</p> <p>Adjustment although seeming to be a universal characteristics as qualify may have different aspects and dimensions ,such ;</p> <ul style="list-style-type: none"> ➤ Health adjustment ➤ Emotional adjustment ➤ Social adjustment ➤ Home adjustment ➤ School adjustments 	<p>explaining</p> <p>Listening and asking doubts</p>	Lcd	What are all the areas of adjustment?
1mts	List down the characteristics of well adjusted persons	<p>CHARACTERISTICS OF A WELL ADJUSTED PERSON:</p> <ul style="list-style-type: none"> • Basic needs are satisfied • Leads balanced life • Respects self and others • Has realistic goals 	<p>Explaining &</p> <p>Listening</p>	Lcd	What are the characteristics of well adjusted persons

1mts	The group will be able to define mal adjustment	<ul style="list-style-type: none"> • Aware of one's own strengths and weaknesses • Flexible to deal with adverse circumstances • Realistics perception of the world • Comfortable with the surrounding environment • Absence of fault –finding attitude <p>MALADJUSTMENT:</p> <p>Behavioral patterns vary from one person to another. This interaction may differ depending upon the family to which they belong , peer group ,neighbor and the area where they are staying.</p>	Explaining & Listening	Lcd	What is mal adjustment?
1mts	The group will be able to know about characteristics of mal adjusted individual	<p>CHARECTERISTICS OF A MAL ADJUSTED INDIVIDUAL:</p> <ul style="list-style-type: none"> ❖ The mal adjusted individual fails to attain a state of a adjustment with the circumstances . He is annoyed with unfounded fears. ❖ Project's one's faults upon another and hold them responsible for one's alone failures. ❖ He has very little ability to co-operate with others 	Explaining & Listening	lcd	What are the characteristics of mal adjusted individual?

1mts	The group will be able to know about factors of mal adjustment during childhood	<p>and find it difficult to work together with them.</p> <ul style="list-style-type: none"> ❖ He prefer solitude and loves to wander in an imaginary world. ❖ Extreme day-dreaming is observed. ❖ The Child will not behave according to his or her age. <p>FACTORS CONTRIBUTING TO MALADJUSTMENT</p> <p>DURING CHILDHOOD:</p> <p>Adjustment starts right from childhood. Entrance into school is a major change in the pattern of a child's life.</p> <ul style="list-style-type: none"> ❖ Poor health or physical defects cut children off from play or peers, which may make them feel inferior. ❖ Body build-children who are overweight or very small for their ages may be unable to keep pace with their peers and develop a feeling of inferiority. 	Explaining & Listening and asking doubts	Lcd	What are the factors contributed to mal adjusted during childhood
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2mts	The group will be able to know about characteristics of adolescent	<ul style="list-style-type: none"> ❖ Make fun at a physical or personality trait lead to feelings of inferiority and frustration. ❖ Low socio economic status when compare to their peer group or play mates may cause the child to isolate himself or feeling inferior. ❖ Social unacceptance. ❖ Poor intelligence and failures in school work cause a feeling of inadequacy and consequently poor adjustment. ❖ Stress of home life-instability,broken home,drug abuse and personality problems in parents etc,.will cause poor adjustment. <p>CHARACTERISTICS OF ADOLESCENTS:</p> <p>Rapid Physical Development:</p> <ul style="list-style-type: none"> ❖ Adolescence is first of all a period of physical changes and development.there is increase in height, weight, changes in voice muscular growth, 	Explaining & listening	lcd	What are the characteristics of adolescents
------	--	--	------------------------	-----	---

- ❖ Respiratory, circulatory and digestive system are also developed that give more physical energy and vigor.
- ❖ All these changes often lead to confusion, feeling of inadequacy, insecurity and in some cases physical changes.

Mental Development:

- ❖ develop greater insight, better understanding and can perceive relationship more easily.
- ❖ They develop the ability to generalize and can think of the solution of more difficult problems.
- ❖ Memory power also develops tremendously and they can anticipate the future needs and can plan for it
- ❖ Another important change in intellectual orientation is the adolescent's ability to identity with the circumstances and people outside his own immediate

- ❖ The adolescents develop certain amount of independence in thinking and can critically examine the things to make the decision of his own.

Emotional immaturity:

- ❖ . Emotions of anger, fear, shame, disgust give rise to variation in moods, nervousness, sensitiveness, stubbornness, disobedience etc.
- ❖ adolescent's striving for independence gives rise to emotional conflicts.
- ❖ Their ideas and views often appear contradictory with that of their parents and other members of the society at many times, therefore, the adolescent suffer from emotional detachment from their parents and other members of the society. So they are very prone to emotional maladjustment..

Social Consciousness:

		<ul style="list-style-type: none"> ❖ The most important social development during this period is the increased influence of the peer group. ❖ The type of peer group shapes the behavior of the adolescent to a great extent. ❖ His interests, attitudes and values are influenced by his peers. ❖ The adolescent boys and girls become self conscious about their place in society ❖ they gradually enlarge their spheres of social activities and conducts. ❖ The adolescent tries to act in an independent manner but the parents often refuse to treat them like grown ups which may lead to difficulties <p>Development of personal Independence</p> <ul style="list-style-type: none"> ❖ One of the most important things that an adolescent wants is independence from the adult authority. 			
--	--	--	--	--	--

2mts	Defining problem of middle school childrens	<ul style="list-style-type: none"> ❖ It becomes important for the young persons to establish convictions about their identity. ❖ They develop faith in their own capability of doing things and demand self respect from the elder members of the society. ❖ They want psychological freedom and do not like adult interference in their own personal business and they want to take decision themselves. ❖ A sense of dignity, honour and freedom prevails in their thought, attitude and behavior. <p>PROBLEMS FACED BY MIDDLE SCHOOL CHILDREN:</p> <p>Physical problems:</p> <ul style="list-style-type: none"> • start to feel conscious about their figure. • Acne is one of the major problems. • Muscle gain <p>Emotional problems:</p>	Explaining & listening	Lcd	What are the problems faced by middle school childrens?
------	---	--	------------------------	-----	---

- feel overly emotional
- girls are vulnerable to crying.
- Mood swings are common among teenage boys and girls.
- Bodily changes result in self-consciousness.
- Feelings of inferiority or superiority may arise at this time.

Behavioural problems:

- rise to questioning the parents' rules and standing up for what they believe is right
- careless behavior.
- dressing, hairstyle, and sense of fashion also change,
- Lying is one of the common behavioral issues.

Substance use problems:

- try smoking or drinking even before they are of legal age.

Educational problems:

- Pressure to perform academically
- Juggling school work, extra-curricular activities and chores at

1 mts	Defining adjustment disorder	<p>home can be tiring.</p> <ul style="list-style-type: none"> • poor academic performance <p>psychological problems:</p> <ul style="list-style-type: none"> • Unhealthy eating habits • Develop disorders like anorexia or bulimia. • The feelings of inferiority or superiority often arise from their appearance. • Poor performance in academics and low IQ can also demotivate them. • They develop the ‘I’m not good enough’ attitude towards life. • Depression is one of the common psychological problems associated children. • The stress and pressure can create anxiety related issues <p>DEFINITION OF ADJUSTMENT DISORDER:</p> <p>Adjustment disorders are conceived of as developing in response to a</p>	Explaining & Listening	Lcd	Define adjustment disorder.
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3 mts	Causes of adjustment disorder	<p>variety of causal stressful events, the symptoms representing an adaptation to these stressors or to their continuing effects.</p> <p>INCIDENTS:</p> <p>Adjustment disorders are very common among children and adolescents, occurring with equal frequency among boys and girls. Adjustment disorders occur in all cultures; however cultural influences may impact the type of stressor and symptoms experienced. Adults may experience a more emotional reaction while children and adolescents often act out.</p> <p>CAUSES OF ADJUSTMENT DISORDER:</p> <p>Anyone, no matter the age, gender, race, or ethnicity, can be affected by an adjustment disorder. It is likely the combination of genetics, life experiences, temperament, and changes in the natural chemicals in the brain that cause adjustment problems.</p>	Discussing & Asking doubts	Lcd	What are the causes of adjustment disorder?
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2 mts	Risk factors of adjustment disorder	<p>An adjustment disorder is an unhealthy emotional or behavioral reaction to a stressful event or change in a person's life. The response happens within 3 months of the stressful event. Some events that may lead to this problem in a child or teen are:</p> <ul style="list-style-type: none"> • A family move • Parents' divorce or separation • The death of a pet • A new brother or sister • A sudden sickness • Lack of love from parents • A long-lasting (chronic) illness <p>RISK FACTORS:</p> <ul style="list-style-type: none"> • Being diagnosed with a serious illness • Physical or sexual assault • Death of a loved one 	Explaining & listening	Lcd	What are the risk factors of adjustment disorder?
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3 mts	Symptoms of adjustment disorder	<ul style="list-style-type: none"> • Problems in school • Surviving a disaster • Moving to a new city • General inability to cope with change • Other mental health problems • Exposure to violence <p>SYMPTOMS OF ADJUSTMENT DISORDER</p> <p>The symptoms of adjustment disorder will vary from one individual to the next and the symptoms one experiences may be different in another. However, all individuals with this disorder experience symptoms within three months of a stressful event and the reaction to that stressor causes significant impairment in social, occupational, or educational functioning. Signs and symptoms of adjustment disorder may affect how you feel and think about yourself and life. Some of the symptoms of adjustment disorder may include:</p>	Explaining & Listening	Lcd	What are the symptoms of adjustment disorder?
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		<p>Behavioral Symptoms:</p> <ul style="list-style-type: none">➤ Tearfulness➤ Engaging in self-destructive behaviors➤ Withdrawing from friends and previously-enjoyed activities➤ Increasing amounts of time spent alone➤ Increased absences from school➤ Using drugs or alcohol➤ Skipping school➤ Fighting➤ Acting out <p>Physical Symptoms:</p> <ul style="list-style-type: none">• Muscle tension• Aches and pains• Nausea and vomiting			
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|--|--|--|--|--|--|
| | | <ul style="list-style-type: none">• Diarrhea• Headaches• Changes in appetite• Different sleep patterns• Heart palpitations• Fatigue, lack of energy | | | |
|--|--|--|--|--|--|

Cognitive Symptoms:

- Inability to focus on particular tasks
- Feeling overwhelmed

Psychosocial Symptoms:

- Depressed mood
- Worrying
- Jitteriness
- Fear of separation from important figures in child's life

2mts	Effects of adjustment disorder	<ul style="list-style-type: none"> • Feeling hopeless • Mood swings • Nervousness • Aggressive outbursts • Anxiety • Stress • Suicidal thoughts <p>EFFECTS OF ADJUSTMENT DISORDER</p> <p>While most cases of adjustment disorder resolve on their own within six months of the event, some children and adolescents could experience long-lasting effects that have been caused by this disorder.</p> <p>These long-term effects may include:</p> <ul style="list-style-type: none"> • Insomnia • Social isolation and withdrawal • Marital or family conflicts 	Explaining & Listening	Lcd	Explain about effects of adjustment disorder?
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|--|--|---|--|--|--|
| | | <ul style="list-style-type: none">• Decreased capacity to work• Substance abuse• Alcoholism• Schizophrenia• Depression• Difficulty concentrating• Behavioral changes• Mood swings• Bipolar disorder• Antisocial personality disorder• Self-harm• Suicidal thoughts and behaviors | | | |
|--|--|---|--|--|--|

CO-OCCURRING DISORDERS

Adjustment disorder can accompany almost any mental disorder or medical disorder. Some of the most common co-occurring disorders

2 mts	Types of adjustment disorder	<p>may include:</p> <ul style="list-style-type: none"> • Depression • Obsessive-compulsive disorders • Bipolar disorder • Many medical conditions <p>Types of Adjustment Disorder :</p> <p>There are several subtypes of adjustment disorders and the diagnosis depends on the child's emotional symptoms and behavior following a stressful event. The specific subtypes are:</p> <ul style="list-style-type: none"> • Adjustment disorder with depressed mood: A child may exhibit crying spells, loss of interest in usual activities, feelings of hopelessness, and increased sadness. • Adjustment disorder with anxiety: A child may appear more anxious and worried than usual. The anxiety may 	Explaining & Listening	Lcd	What are the types of adjustment disorder/
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		<p>manifest itself as separation anxiety—when a child becomes upset about being separated from a caregiver.</p> <ul style="list-style-type: none">• Adjustment disorder with mixed anxiety and depressed mood: When a child experiences a depressed mood and anxiety, he may be diagnosed with this subtype.• Adjustment disorder with disturbance of conduct: A child may be diagnosed with this subtype when her behavior changes, but her mood seems to stay the same. She may exhibit increased defiance or she may begin to steal or get into fights.• Mixed disturbance of emotions and conduct: A child who experiences a disturbance in mood or anxiety and exhibits a change in behavior may be diagnosed with a mixed disturbance of emotions and conduct.• Adjustment disorder unspecified: A child who experiences difficulty dealing with a stressful event, but doesn't quite meet			
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1 mts	Incidence of adjustment disorder	<p>the criteria for any of the other subtypes may be diagnosed with this subtype.</p> <p>Incidence of children for an adjustment disorder:</p> <ul style="list-style-type: none"> ➤ Adjustment disorders happen at all ages and are quite common in children and teens. ➤ They happen equally in boys and girls. ➤ They happen in all cultures. ➤ But the stressors and signs may vary based on cultural influences. 	Explaining & Listening	Lcd	Tell about incidence of children adjustment disorder?
2 mts	Diagnosis of adjustment disorder	<p>Diagnosis of adjustment disorder:</p> <ul style="list-style-type: none"> • A mental health expert such as a psychiatrist often makes the diagnosis after an evaluation. • He or she talks with you, your partner, and your child. • He or she will ask for a full history of your child's development, life events, emotions, behaviors, and the 	Explaining & Listening	Lcd	Explain about diagnosis of adjustment disorder?

10 mts	Treatment facilities for adjustment disorder	<p style="text-align: center;">stressful event.</p> <p>Adjustment Disorder Treatment:</p> <p>The type of treatment a child with an adjustment disorder needs depends on several factors, such as the child's age, the extent of the symptoms, and the type of stressful event that took place.</p> <p>A healthcare professional will create a customized treatment plan with specific recommendations. When necessary, a child may be referred to other specialists, like a psychiatrist. Here are some of the most common treatments for an adjustment disorder:</p> <ul style="list-style-type: none"> • Individual therapy: Individual therapy can teach skills like problem-solving, impulse control, anger management, stress management, and communication. • Family therapy: Family therapy may be used to address changes to the family dynamics and to help family members improve communication. 	Explaining & Listening	Lcd	What are the treatme t for adjustment disorder?
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- **Parent training:** Parent training assists parents in learning new skills to address behavior problems. Parents may learn new discipline strategies or more effective ways to set limits and give consequences.
- **Medication:** Although medication is more likely to be used for long-term problems, if the symptoms are severe, a prescription may be given to address specific symptoms.
- **Group therapy:** Group therapy may be used to sharpen social skills or communication skills. Children or adolescents may benefit from peer support as well.

Early intervention can be instrumental in treating adjustment disorder and may prevent the disorder from turning into a more serious condition, like major depression.

Treatment is usually quite effective for adjustment disorders. If a child does not respond well to one type of treatment, a mental health

	<p>Prevention of adjustment disorder</p>	<p>professional may try another approach.</p> <p>Prevention of Adjustment Disorders:</p> <p>Preventive measures to reduce adjustment disorders in adolescents are not known at this time. However, early discovery and getting professional help for your adolescent can reduce the severity of symptoms, enhancing normal growth and development and improving your child's quality of life</p> <p>Being resilient means being able to overcome stressors. You can increase your resilience by:</p> <ul style="list-style-type: none">• developing a strong network of people to support you• looking for the positive or humor in hard situations• living healthfully• establishing good self-esteem.	<p>Explaining &Listening</p>	<p>Lcd</p>	<p>What are the prevalence of adjustment disorder?</p>
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	<p>Parents role in adjustment disorder</p>	<p>Parents role:</p> <p>The goal of every parent is to raise a happy and well-adjusted child.Children from birth to adulthood need time and attention from their parents. Sometimes parents become so anxious to raise a “successful” child that they overlook the importance of spending time interacting personally with their child or children. Interactive time is that spent with both child and parent fully engaged in an activity together. The importance of this time is multifold:</p> <ul style="list-style-type: none"> • The child feels important and loved. • He or she has an opportunity to model parent’s behavior. • The parent can observe and learn about the child’s strengths and weaknesses in order to better guide them. • The child has a chance to voice their thoughts and feelings. • The parent and child develop a stronger bond. • Parents need to recognize the continued importance of their 	<p>Explaining &Listening</p>	<p>Lcd</p>	<p>What are the parents role in adjustment disorder?</p>
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		<p>relationship with their children.</p> <ul style="list-style-type: none"> • Parents need to anticipate that their children will require increased availability and support during periods of transition, such as entry into high school. • Parents need to monitor involvement in potentially dangerous situations and work with their children to ensure safety. • Parents need to be aware of and monitor their children involvement with various peer groups and their activities at school. 			
	Parents role in improving adjustment disorder	<p>Parents role in improving adjustment problem:</p> <ul style="list-style-type: none"> • <u>Parent-child relationship skills</u>: quality time spend, positive communications and delighting affection. • <u>Encouraging desirable behavior</u>: praise and encouragement, nonverbal attention, facilitating engaging activities. • <u>Teaching skills and behaviors</u>: being a good example, incidental 	Explaining & Listening	Lcd	Explain about parents role in improving adjustment disorder?

		<p>teaching, benevolent communication of the skill with role playing & other methods, communicating logical incentives and consequences.</p> <ul style="list-style-type: none">• <u>Managing misbehavior</u>: establishing assertive ground rules/limit setting, directed discussion, providing clear and calm instructions, communicate and enforce appropriate consequences for problem behavior, using restrictive means like quiet time and time out with authoritative stance and not authoritarian.• <u>Anticipating and planning</u>: advanced planning and preparation for readying the child for challenges, finding out engaging and age appropriate developmental activities, preparing token economy for self-management practice with guidance, holding follow-up discussions, identifying possible negative developmental trajectories.• <u>Self-regulation skills</u>: Monitoring behaviors (own and children's) setting developmentally appropriate goals, evaluating			
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		<p>strengths and weaknesses and setting practice tasks for skills improvement, monitoring & preventing internalizing and externalizing behaviors, setting personal goals for positive change.</p> <ul style="list-style-type: none">• <u>Mood and coping skills</u>: reframing and discouraging unhelpful thoughts (diversions, goal orientation and mindfulness), stress and tension management (for self and in the house), developing personal coping statements and plans for high-risk situations, developing mutual respect and consideration between members of the family, positive involvement: engaging in support and strength oriented collaborative activities/rituals for enhancing interpersonal relationships.• <u>Partner support skills</u>: improving personal communication, giving and receiving constructive feedback and support, avoiding negative family interaction styles, supporting and finding hope in problems for adaptation, collaborative or			
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leading/navigate problem solving, promoting relationship
happiness and cordiality.

Parents activities to promote children adjustment problem:

Activities that will promote happy and healthy children are
innumerable and don't have to be expensive or difficult to access.
The key is to give the child your full attention and vice versa. Here
are some suggestions to get started.

Family meal time. During the meal, children can be encouraged to
talk about what is interesting to them, and not necessarily the usual
topics like school and work.

Homework. If parents can spend positive time with their children
without conflict, this can be a good bonding experience .

Sports. Whether it is playing catch in the yard, going to the gym, or
watching the child play or perform, active and positive involvement is
rewarding.

		<p>Hobbies such as drawing, crafts, collecting are great fodder for conversation.</p> <p>Board games and cards allow for the family to relax and enjoy each other's company.</p> <p>Extracurricular activities can be a great opportunity for bonding.</p> <p>Religious activities.</p> <p>Go to the theater, watch television, or rent movies.</p> <p>Outdoor activities such as hiking, walks, bicycling, picnics, or camping.</p> <p>Attend school events together.</p> <p>For younger children, get in the habit of reading to them.</p> <ul style="list-style-type: none">...			
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		<p>Summary:</p> <p>Today we discussed about adjustment disorder,causes,symptoms,riskfactors,incidents,diagnosis,treatment,prevention,and parents role in improving adjustment disorder in middle school childrens.</p> <p>Conclusion:</p> <p>Adjustment disorder is a very common problem in todays children especially in middle school childrens.so parents are know about what is adjustment disorder and how to manage these symptoms in childrens,and also know about parents role in preventing and improving the adjustment disorder in childrens. I hope that all of you understand about this and follow in your life to guide your children</p>			
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		<p>in correct way of life.</p> <p>•</p> <p>REFERENCE</p> <ul style="list-style-type: none">• R.Sreevani,"psychology for Nurses"Foreword by K.Reddemma,Jaypee publication,pp:227-231.• Mary c.Townsend,"PSYCHIATRIC MENTAL HEALTH NURSING"Concepts of care in Evidence-Based Practice,7th edition,Jaypee publication,pp:762-768.• Kaplan and Sadock's Comprehensive Textbook of Psychiatry• Adjustment disorders: the state of the art: Patricia Casey, Susan Bailey• Adjustment Disorder: epidemiology, diagnosis and treatment: Mauro			
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		<p>Giovanni Carta, Matteo Balestrieri, Andrea Murru and Maria Carolina Hardoy</p> <ul style="list-style-type: none"> Interventions to facilitate return to work in adults with adjustment disorders (Review) Arends I, Bruinvels DJ, Rebergen DS, Nieuwenhuijsen K, Madan I Neumeyer-Gromen A, Bültmann U, Verbeek JH Development and validation of the Diagnostic Interview Adjustment Disorder (DIAD) L. R. Cornelius, S. Brouwer, M. R. De Boer, J. W. Groothof 			
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gFj p - II

M.mi dj;J tpdhf;fi sAk;gbj;J ghj;J rhpahd tpi l i a Fwrf;fTk;

1. , z qfpgNghj y;vdwhy;vd;d?

m) khwwp mi kggJ ()

M) rkurk; ()

,) j tphj j y; ()

<) Foggk; ()

2. ahh;edF , z qfpgNghFk; egh;vd mi of;fggLth;?

m) Mj huk; , yyhky;Nfhgk;mi l gth; ()

M) Rakhpahi j ci l ath;kwWk;kwwth;fi s kj pggth; ()

,) j tpu gfw;fdT fhz gth; ()

<) Foei j j dkhd el j i j cssth; ()

3.Foei j apd;MNuhf;fpakhd tshrrpi a ghj pf;Fk;fhuz p vd;d?

m) xU top mdG ()

M) ngwNwhhl fspd;rkkhd el j i j ()

,) RwWGw #oepi yfspd;rkkhd el j i j ()

<) eyy cz T ()

4. edF , z qfp nryyhj egi u mi l ahsk;fhz gJ vggb?

m) mth;cz i kahd cz hi t nfhz bUggh; ()

M) mth;kwwth;fi s xj;J i of;f kpF Fi wthd j pwd;
nfhz bUggh; ()

,) mth;rkepi yahd thoi fi a el j;Jgth; ()

<) mth;j di dAk;kwwth;fi sAk;kj pggtuhf , Ugghh; ()

5. Mukg fhy , sk;gUtj j pdh;vj phnfhs;S k;Kf;fpa gpurrpi d fs;vd;d ?

m) gz j j l ;LghL kl ;Lk; ()

M) cz hrrpt rggLj yhy;kl ;Lk; ()

,) r%f gpurrpi d fs; kl ;Lk; ()

<) gz j j l ;LghL> cz hrrpt rggLj y> kwWk;r%f gpurrpi d fs;
mi dj;Jk; ()

6. , z qfpgNghj y;vgNghJ nj hl qFfWJ?

m) gUt fhyj j py; ()

M) gpwej cl d; ()

,) taj hd fhyj j py; ()

<) Foei j gUtj j py; ()

7. xUthpd; thoi fapy; khwwk;Vwgl MFk; fhyk;?

m) 3 khj j j pWFs; ()

M) 1 khj j j pWFs; ()

,) cl DfFI d; ()

<) 1 tUl j j pWF Nky; ()

8. xU j dpegh; rKj haj j py; thoi ffhd topi a vggb VwWfnfhs;fwhh;?

m) nray;Nehffk; ()

M) cz hrrpt rggLj y; ()

,) fwWfnfhs;tj d;%yk; ()

<) r%fj j pd;%ykhf ()

9. Foei j apd; gfFtkww cz hrrpahy;Vwglk; tpi sTfs;(m) KbT?

m) Nghul j k; ()

M) typ(m) Ntj i d ()

,) Vkhwwk; ()

<) Nfhgk; ()

10. fb;fhz gi tfs py;Ra mopT el j j vJ?

m) mUfpy;css thfi s fhaggLj j y; ()

M) mUfpy;css nghUl fi s Nrj ggLj j y; ()

,) kwwthfi s fhaggLj j y; ()

<) j di dj j hNd fhaggLj j pf;nfhsS j y; ()

11. Foei j fs;j qfs;Rj ej pui j vt;thW mj pfgLj j pfnfhs;thhfs;?

m) j qfsJ KbTfs;j hNd vLj j nfhsstpUkGthhfs; ()

M) ez ghfspl Kk;fyeJ MNyhrpgghfs; ()

,) ngwNwhhfs;pd;KbTfi s VwWnfhs;thhfs; ()

<) tll bd;mUfpy;css thfs;pd;MNyhri d fi sAk;

VwWnfhs;thhfs; ()

12. cqfsJ Foei j gsspfF nryytpyi y vdwhy; Kj ypy; ebfs; vdd
nrathfs?

m) ez ghfspl k; Nfl gJ ()

M) gsspf Mrhpai u rej pj J vdd gurri d vdW

Nfl ghfs; ()

,) NtW gsspfF khwWtJ ()

<) gsspfF mDgghky; tll bNy i tj J nfhsSj y; ()

13. gsspfF nryYk; Foei j fspd; nghJ thd gurpi d fs; vdd?

m) gsspfF mj pkhf tpLgG vLj j y; ()

M) MrhpahfS fF gaggLj y; ()

,) j dFO mi kj J nfhs; tj hy; ()

<) gbggi j gwwpa gak; ()

14. khz thfspi l Na rz i l tUtj hy; tUk; KbT vdd?

m) j qfs; nj hl hi g nj hl htthfs; ()

M) mthfspd; el j i j khWk; ()

,) gj pYfF j hfFj y; ()

<) Nehki w j hkhdk; ()

15. xU Foei j apd; cz hrrp khwwqfi s vt;thW mi l ahsk; fhz KbAk;?

m) epi d tpd; %yk; ()

M) ghj pggpd; %yk; ()

,) el j i j apd; %yk; ()

<) JhqFk; Ki wapd; %yk; ()

16. Foei j ngwNwhhl kpUeJ mi z j i j Ak; vt;thW ngWfpwJ?

m) Cf;fggLj Jj y; ()

M) mi z j J Nj i tfs; ()

,) ghrk; ()

<) ftdk; ()

17. j z l i z vdgJ mtkhdK;vd fUJk;Foei j mj wfF vt;thW
gpj pyPfFk;?

m) kpFTk;gaggLtJ ()

M) kpFTk;ntWggJ ()

,) fl;l i s vd epi dggJ ()

<) mi j xU nghUI;l hfTk;epi dff khl;l hhfS; ()

18.j z l i z apy; , UeJ j ggpf;f epi dffK;(m) VkhWk;Foei j apd;
kdepi y vt;thW , UfFk;?

m) el j i j khwwqfS; ()

M) kŁ;lK;epUggJ;l fhl;l tJ ()

,) r%f mff;fi wNahL ()

<) Nj i tgLtj dhy; ()

19. cqfS;Foei j apd;el j i j apy;khwwk; , Uggj hf reNj fgl;l hy;vd;d
nrathfS;?

m) cqfS;gpsi si a ed;F guhkhpgghj hf cqfS;

gpsi si a fl;lLj;l thfS; ()

M) vJ Tk;Nfl;fkhl BhfS; ()

,) gbgi g ghj ppy;epWj;l j y; ()

<) vej tpsffKk;Nfl;fhky;Foei j i a mbj j y; ()

20. Foei j fspd;j wnfhi yfS fF vJ Kffpa fhuz qfshf mi kfpWJ ?

m) ez ghfspdhy;ntWf;fggLj y; ()

M) ngwNwhhfspd;ghrk; , yyhj j hy; ()

,) mj pf kd mOj j k; ()

<) kwwthfi s ghj;l ()

21.tpfhuqfS;kWk;Vwwj ho;TfS;Foei j fS fF tUtj wfhd fhuz qfS;?

m) r%fj j pdhpl k;xj;l Nghfky; , Uj j y; ()

M) Nkhrkhd RwWGw #oepi y ()

,) Foei j fSpl k;ngwNwhhfspd;el j i j ()

<) Foei j fF Kd;dhy;ngwNwhhfspd;el j i j ()

22. ebf s; kdehy kUj ;J thpl k; nrd why; mth; ahhl k; ci uahL t hh?

m) c qf spl k; kl ;Lk; ()

M) c qf sp d; J i z thpl k; kl ;Lk; ()

,) c qf s; Foei j apl k; kl ;Lk; ()

<) Foei j kw Wk; ngw Nwhh; fS l d; ()

23. Foei j ap d; el j i j khww qfi s vt; thW fz ;Lgpb ggJ?

m) c st pay; kUj ;J ti u rej ggJ ()

M) [hj fk; ghhgj d; %yk; ()

,) vg NghJ k; c qf s; Foei j Al Nd , Uggj d; %yk; ()

<) fl Tspl k; Ntz bfn fhs; tj d; %yk; ()

24. FLkg rpf pri r vd gJ :

m) FLkg , afft pay; khww qfi s VwgLj ;J j y; ()

M) Foei j fF kl ;Lk; el tbf i ffi s fwggj j y; ()

,) ngw Nwhh; fS fF kl ;Lk; fwggj j y; ()

<) ft dpgghshfS fF kl ;Lk; fwggj j y; ()

25. ngw Nwhh; gapw rp vd gJ :

m) Foei j ap d; el j i j cl d; xj ;J Nghf fwWnfhsS j y; ()

M); Foei j ap d; J }f fk; kw Wk; cz T Ki wi a khwwpai kj j y; ()

,) Foei j apl k; vggb fz bgghf el eJ nfhsS j y; ()

<) el j i j rpf fyfi s mi l ahsk; fhz Gj pa j wd fi s fwWnfhsS j y; ()

26. , z qf gNghj y; Fi wghl i l vt; thW j LggJ

m) Foei j f spl k; fz bgghf el eJ nfhs; tj d; %yk; ()

M) Foei j i a vg NghJ k; j d pi kggLj ;J tj d; %yk; ()

,) Foei j i a mbggj d; %yk; ()

<) Mukgj j pNyNa fz ;l wptj d; %yk; ()

27. ci uahl y; Neuk; vd gJ?

m) Foej apl k; kl ;Lk; Neuj i j nryt pLj y; ()

M) ngw Nwhh; kw Wk; Foei j xdwhf xU el tbf i fapy; KOi kahf <LgL tJ ()

,) xU Foei j xU ngw Nwhh; kl ;Lk; <LgL tJ ()

<) Foei j kwWk;ez ghfs;Neuj i j nrytϰLtJ ()

28. , z qfϰgNghj y;Fi wghl i l NkkgLj ;J tj ϰy;ngwNwhh;fspd;nrayghL
vdϰ?

m) kww Foei j fS l d;xggϰLtJ ()

M) tll;Lf;fhTsϰy;i tj j y; ()

,) gz k;nfhLggj d;%yk; ()

<) ngwNwhh;kwWk;Foei j apd;cwT j ϰd;fi s mj ϰfhϰj j y; ()

29. , z qfϰgNghj y;Fi wghl i l j Lggj ϰy;ngwNwhh;fspd;; yfF vdϰ ?

m) Neuj i j nrytϰl L cqfs;Foei j fF ftdk;nrYj ;J tJ ()

M) Foei j i a j dϰi kggLj ;J tJ ()

,) kww Foei j apd;nrayfS l d;xggϰLtJ ()

<) kwwth;fSpl k;nj hl hi g eϰWj ;J tJ ()

30.;, z qfϰgNghj y;Fi wghl l ϰy; ngwNwhh;fspd;gqF vdϰ?

m) rhϰahd mdGk;mf;fi wAk; ()

M) Foei j apd;ez ghfi s cwi t mj ϰfhϰggJ ()

,) Foei j ap l k;el j i j i a khwWkhW nrhy;tJ ()

<) tdK i wahf el e;Jnfhs;tJ ()

, z qfjgNghj y; F i wghL

j i ygG : நடுபி yg; பள்ளி குழந்தைகளிட; , z qfjgNghj y; F i wghL
பங்கேற்பாளர்கள் : நடுபி ygபள்ளி குழந்தைகளின் பெற்றோர்

, l k; : முதன்மை யூனியன் eLeபி y பள்ளி

fhyk; : 45 epkpl k;

கற்பித்தல் முறை : j pl ;l kpl ;l கற்பித்தல் முறை

பயிற்சிKi w : எல்சிட

கல்வியாளர் : j pUkj pg.mwpt urp
இரண்டாம் வருடம் எம்.எஸ்.சி.நர்சிங்
அdப nrtypah; கல்லூரி
Fkhughi sak;

nghJ thd நோக்கqfs:

fwghj j ypd; முடிவில், பெற்றோர்fS f;F :

நன்கு , z qfip nry;Yk; நபரின் குணாதிசயங்கள் நன்கு , z qfip nryyhj நபரின் பண்புகள், பள்ளி பருவத்தில் தவறான பிரச்சனைக்கு காரணமான காரணிகள் . Mukgfhhy இளமை பருவத்தின் பண்புகள், eLepi y பள்ளி குழந்தைகள் எதிர்கொள்ளும் பிரச்சினைகள். , z qfip Nghj y; Fi wghL,, z qfip Nghj y; Fi wghLக்கான காரணங்கள் மற்றும் ஆபத்து காரணிகi S கண்டறிj y;., z qfip Nghj y; Fi wghl j pd; அறிகுறிகள் மற்றும் விளைவுகள், , z qfip Nghj y; Fi wghl j pd; வகைகளிd;பட்டியல்., z qfip Nghj y; Fi wghl j pd; சிகிச்சை. , z qfip Nghj y; Fi wghl j l தடுப்பதில் பெற்றோர்களின் பங்F என்ன என்பது பற்றி இந்த அறிவுரை அதிக அறிவை வழங்குகின்றன.

நோக்கங்கள் :

f w g h j y p d ; முடிவில் , பெற்றோர் f s ; n j h p e j n f h s ; t j :

1. , z q f i g N g h j y ; v d , w h y ; v d d ? .
2. நன்கு , z q f i n r y ; Y k ; நபரின் குணாதிசயங்கள்
3. நன்கு , z q f i n r y y h j நபரின் பண்புகளை .
4. பள்ளி பருவத்தில் தவறான பிரச்சனைக்கு காரணமான காரணிகள் .
5. M u k g f h y இளமை பருவத்தின் பண்புகள்
6. e L e p i y பள்ளி குழந்தைகள் எதிர்கொள்ளும் பிரச்சினைகள் .
7. , z q f i g N g h j y ; F i w g h L
8. , z q f i g N g h j y ; F i w g h L க்கான காரணங்கள் மற்றும் ஆபத்து காரணிக் S கண்டறி j y ; .
9. , z q f i g N g h j y ; F i w g h l j p d ; அறிகுறிகள் மற்றும் விளைவுகள் .
10. , z q f i g N g h j y ; F i w g h l j p d ; வகைகளி d பட்டியல் .
11. , z q f i g N g h j y ; F i w g h l j p d ; சிகிச்சை பற்றி எழுதுக .
12. , z q f i g N g h j y ; F i w g h l j l தடுப்பதில் பெற்றோர்களின் பங் F .

<p>Fwpggpl j FwplNfhs,fs;</p>	<p>nghUs;</p>	<p>fwpgggt h; kwWk; fwgthpd; nrayghL</p>
	<p style="text-align: center;"><u>, z qfpgNghj y;</u></p> <p><u>அறிமுகம்:</u></p> <p>ஒரு குறிப்பிட்ட மன அழுத்தம் அல்லது ஒரு பெரிய வாழ்க்கை நிகழ்வை சமாளிக்க முடியாமல் அல்லது சமாளிக்க முடியாதபோது,, z qfpgNghj y; Fi wghL ஏற்படுகிறது. இத்தகைய நோய்களால் பாதிக்கப்பட்டவர்கள் பொதுவாக மனச்சோர்வு அடைந்தவர்கள் அறிகுறிகளைக் கொண்டுள்ளனர், அதாவது பொதுவாக வட்டி இழப்பு, நம்பிக்கையற்ற தன்மை மற்றும் அழுவதைப் போன்றது, இந்த கோளாறு சில நேரங்களில் சூழ்நிலை மனத் தளர்ச்சி என அறியப்படுகிறது.</p> <p style="text-align: center;">, z qfpgNghj y; Fi wghL என்பது மனத் தளர்ச்சி அல்லது ஆரோக்கியமற்ற, மன அழுத்தம் அல்லது உளவியல் ரீதியாக துன்பகரமான வாழ்க்கை நிகழ்வுகளுக்கான பதில்கள் ஆகியவற்றின்</p>	

<p>, z qfjgNgh j y; vd why; vd d?.</p>	<p>விளைவாக மனநோயின் ஒரு வகை.</p> <p><u>, z qfjgNghj y;</u></p> <p>" , z qfjgNghj y; என்பது மன அழுத்தத்தை சமாளிக்க மற்றும் அவரது தேவைகளை பூர்த்தி செய்வதற்கான முயற்சிகளின் விளைவாகும்: சுற்றுச்சூழலுடன் இணக்கமான உறவுகளைத் தக்கவைக்கும் அவரது முயற்சிகளும் ஆகும்.</p> <p style="text-align: center;">- கோல்மன்</p> <p><u>பகுதிகள்:</u></p> <p>தகுதி போன்ற உலகளாவிய குணாதிசயங்கள் என தோற்றமளிக்கும் என்றாலும், பல்வேறு அம்சங்களும் பரிமாணங்களும் இருக்கலாம்;</p> <ul style="list-style-type: none"> • உடல்நலம் • உணர்ச்சி • சமூக; • வீட்டு py; xj ;J Nghj y; • பள்ளி 	<p><u>விளக்குதல்</u></p> <p>கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p>
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<p>நன்கு , z qfi nryYk; நபரின் குணாதிசயங்க ள்.</p>	<ul style="list-style-type: none"> • <u>நன்கு , z qfi nryYk; நபரின் குணாதிசயங்கள்.</u> • அடிப்படை தேவைspd; திருப்தி • சமநிலையான tho:fi fi a நடத்துtJ. • சுய kh:ahi j மற்றும் மற்றவர்கி s மதிப்புJ. • யதார்த்த இலக்குகள் உள்ளJ • ஒருவரின் சொந்த பலம் மற்றும் பலவீனங்களை அlwptJ. • பாதகமான சூழ்நிலைகளை சமாளிப்புJ • உலகின் உணர்திறி d உணர்தJ. • தவறு இல்லாத அணுகுமுறை 	<p><u>விளக்குதல்</u> கவனித்தல்</p>
<p>நன்கு , z qfi nryyhj நபரின் பண்புகள்; .</p>	<p><u>நன்கு , z qfi nryyhj நபரின் பண்புகள்;</u></p> <ul style="list-style-type: none"> • அவர் ஆதாரமற்ற பயத்தினால் கோபமடை t hh;.. • அவUf:F மற்றவர்களுடன் ஒத்துழைக்க மிகவும் கடினமாகTK; மற்றும் அவர்களுடன் சேர்ந்து பணியாற்றுவது கடினமாக , Uf:Fk;. • அவர் தனியாக , Uf:f விரும்புthr மற்றும் ஒரு கற்பனை உலகில் 	<p><u>விளக்குதல்</u> கவனித்தல்</p>

<p>பள்ளி பருவத்தில் தவறான பிரச்சனைக்கு காரணமான காரணிகள் .</p>	<p>அலைய விரும்புதற் .</p> <ul style="list-style-type: none"> • VgNghJ k; கனவு காZ k; epi yapy; , Ugghh; • குழந்தை தனkhf நடந்து கொள்தற் . <p><u>பள்ளி பருவத்தில் தவறான பிரச்சனைக்கு காரணமான காரணிகள்:</u></p> <ul style="list-style-type: none"> ✓ குழந்தை பருவத்திலிருந்தே , z qfj y; தொடங்குகிறது. XU குழந்தைf;F பள்ளி; mj Di l a nghpa khwwqfi s VwgLj ; ffwJ . மோசமான உடல்நலம் அல்லது உடல் குறைபாடுகள் . ✓ உடல் gUkd; myyJ mej taj fwF Vww உடல் gUkd; , yyhj குழந்தைfS f;F j di d rhhej குழந்தைfS l d; , z qfi Nghjtj py; gurri d VwgLffwJ . , j dhy; தாழ்வு மனப்பான்மை VwgLffwJ . ✓ உடல் ரீதியான அல்லது ஆளுமைப் பண்புகளில் கேலி nratj hy; தாழ்வு மனப்பான்மையும் ஏமாற்றமும் ஏற்படும் . ✓ குறைவான சமூக பொருளாதார நிலை அவர்களின் சக குழுக்களுடன் 	<p><u>7விளக்குதல்</u></p> <p>கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p>
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<p>Mukgfhy இளமை பருவத்தின் பண்புகள்</p>	<p>ஒப்பிடுகையில் அல்லது விளையாடுபவர்களுடன் ஒப்பிடும் போது குழந்தை தன்னை தனிமைப்படுத்தி அல்லது தாழ்வானதாக உணர வைக்கும்..</p> <p>✓ வீட்டு வாழ்க்கையின் அசௌகரியம், வீட்டு_cwTfS f;F , i l Na VwgLk; ghpT , போதைப்பொருள் Cgயோகம் மற்றும் பெற்றோர்களிடையே உள்ள ஆளுமைப் பிரச்சினைகள் ஆகியவற்றின் அழுத்தம்.</p> <p><u>Mukgfhy இளமை பருவத்தின் பண்புகள்:</u></p> <p>➤ <u>விரைவான உடல் வளர்ச்சி:</u></p> <ul style="list-style-type: none"> இளமை பருவத்தில் உடல் ரீதியான மாற்றங்கள் மற்றும் வளர்ச்சி, உயரம், எடை, குரல், தசை வளர்ச்சி. சுவாசம், சுற்றோட்ட மற்றும் செரிமான அமைப்பு ஆகியவை அதிக உடல் எரிசக்தி மற்றும் வீரியத்தை கொடுக்கும். இந்த மாற்றங்கள் பெரும்பாலும் குழப்பத்திற்கு வழிவகுக்கும். பற்றாக்குறை, பாதுகாப்பற்ற தன்மை மற்றும் சில சமயங்களில் 	<p><u>விளக்குதல்</u></p> <p>கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p>
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உடல் மாற்றங்கள் ஆகியவற்றிற்கு வழிவகுக்கின்றன.

➤ மன வளர்ச்சி:

- அதிக நுண்ணறிவு, சிறந்த புரிதல் மற்றும் உறவுகளை இன்னும் எளிதாக புரிந்துகொள்ள முடியும்.
- அவை இன்னும் கடினமான சிக்கல்களின் தீர்வு பற்றி சிந்திக்க முடியும்.
- நினைவக சக்தி பெரிதும் வளர்கிறது மற்றும் எதிர்கால தேவைகளை எதிர்பார்க்கலாம் மற்றும் அதைத் திட்டமிடலாம்
- இளம் பருவத்தினர் சிந்தனை செய்வதில் சுதந்திரம்; சில அளவுகளை வளர்த்துக்கொள்கிறார்கள், மேலும் அவருடைய சொந்த முடிவை எடுக்க விமர்சனங்களை ஆராய முடியும்.

➤ உணர்ச்சியற்ற தூய்மையற்ற தன்மை:

- கோபம், அச்சம், அவமானம், வெறுப்பு உணர்வுகள் மனோபாவங்கள், பதட்டம், உணர்ச்சி, பிடிவாதம், ஒத்துழையாமை போன்ற மாறுதல்களுக்கு மாறுகின்றன.

- இளையோரின் சுயாதீனத்திற்கான போராட்டம் உணர்ச்சி மோதல்களுக்கு வழிவகுக்கிறது.
- அவர்களின் கருத்துக்கள் பலமுறை தங்கள் பெற்றோரிடமும் சமுதாயத்தின் மற்ற அங்கத்தவர்களிடமும் முரண்பாடாக தோன்றுக; ஆகையால், பெற்றோர் மற்றும் சமுதாயத்தின் பிற உறுப்பினர்களிடமிருந்து உணர்ச்சிவசப்படுத்துவதிலிருந்து Mukgfy இளமை பருவத்தினர் கஷ்டப்படுகிறார்கள். எனவே அவர்கள் உணர்ச்சி தவறான தன்மைக்கு மிகவும் பின்தங்கியுள்ளனர்.
- சமூக உணர்வு:
 - இந்த காலக்கட்டத்தில் மிக முக்கியமான சமூக வளர்ச்சி ez gh; குழுமத்தின் அதிகரித்த செல்வாக்கிற்கும்.
 - ez gh; குழுவானது ஒரு பெரிய அளவிற்கு இளம் பருவத்தின் நடத்தையை வடிவமைக்கிறது.
 - அவரது ஆர்வங்கள், மனப்பான்மைகள் மற்றும் மதிப்புகள் அவரது சகவாழ்வுகளால் பாதிக்கப்படுகின்றன.

- Mukgfhhy இளம் பருவத்தினர் மற்றும் பெண்கள் சமுதாயத்தில் தங்கள் இடத்தை பற்றி சுய உணர்வு ஆக அவர்கள் படிப்படியாக சமூக நடவடிக்கைகளில் தங்கள் துறைகளை விரிவுபடுத்துகின்றனர் மற்றும் நடத்துகிறார்கள்.
- இளம்வயது ஒரு சுயாதீனமான முறையில் செயல்பட முயற்சிக்கிறது ஆனால் பெற்றோர்கள் பெரும்பாலும் வளர்ந்து வரும் அபாயங்களை கையாளுவதற்கு மறுக்கிறார்கள், இது கஷ்டங்களை ஏற்படுத்தும்.
- தனிப்பட்ட சுதந்திர: jpd: tshrrp:
- பருவ வயதினர்; விரும்பும் மிக முக்கியமான விஷயங்களில் ஒன்று வயது வந்தோரின் அதிகாரம்.
- இளைஞர்களுக்கு அவர்களின் அடையாளத்தை உறுதிப்படுத்துவது முக்கியம்.
- அவர்கள் சமுதாயத்தின் மூத்த உறுப்பினர்களிடமிருந்து சுய மரியாதையை கோருவதன் மூலம் அவர்களது சொந்த திறனில்

• தாழ்வான அல்லது மேலதிகாரிகளின் உணர்வுகள் இந்த நேரத்தில் எழலாம்.

➤ நடத்தை பிரச்சினைகள்:

• பெற்றோரின் விதிகளை விசாரிப்பதும் மற்றும் அவர்கள் நம்மீது சரியானது வடிவிட நின்றுவிடுக;

• அக்கறையற்ற நடத்தை.

• ஆடை, சிகை அலங்காரம், மற்றும் உணர்வு கூட மாறுக;

• பொய் பொதுவான நடத்தை சிக்கல்களில் ஒன்றாகும்.

➤ பொருள் பயன்பாடு சிக்கல்கள்:

• சட்டப்பூர்வ வயதிற்கு முன்பே புகைபிடித்தல் அல்லது குடிப்பதை முயற்சிப்பது;

➤ கல்வி சிக்கல்கள்:

• கல்வியில் ஈடுபடுவதற்கான முயற்சி அழுத்தம்

• பள்ளிக் கல்வி, மேலதிக பாடத்திட்ட செயற்பாடுகள் மற்றும் வீட்டு வேலைகள்; சோர்வடையச் செய்யலாம்.

• Fi wej கல்வித்துறை செயல்திறன்

➤ உளவியல் சிக்கல்கள்:

- ஆரோக்கியமற்ற உணவு பழக்கம்
- பசியற்ற அல்லது பெரும்பசி போன்ற கோளாறுகள்; உருவாகு;
- தாழ்வு அல்லது மேன்மையின் உணர்வுகள் பெரும்பாலும் தங்கள் தோற்றத்திலிருந்து எழுக;.
- கல்விபயிற்சியின் குறைந்த ,மோசமான செயல்திறி d nfhz bUggh;.
- அவர்கள் வாழ்க்கையை நோக்கி 'எனக்கு நல்லதல்ல' என்ற நிலை உருவாகி இருக்க;
- மனநோய் சம்பந்தப்பட்ட பொதுவான உளவியல் சிக்கல்கள்; cUthFk;.
- மன அழுத்தம் மற்றும் கவலை தொடர்பான பிரச்சினைகள் உருவாக;
- z qfihNghj y; Fi wghL:

சமாளிக்கும் சீர்குலைவுகள், பல்வேறு மன அழுத்தம் நிறைந்த நிகழ்வுகள், இந்த அழுத்தங்களுக்கான தழுவல் அல்லது அவற்றின் தொடர்ச்சியான விளைவுகள் ஆகியவற்றுக்கு பிரதிபலிக்கும் விதமாக உருவாக்கப்பட;

சம்பவங்கள்:

<p>, z qfjgNgh j y; Fi wghL</p> <p>, z qfjgNghj y; Fi wghLக்கான காரணங்கள் மற்றும்</p>	<p>குழந்தைகள் மற்றும் இளம் வயதினரிடையே , z qfjgNghj y; Fi wghL மிகவும் பொதுவானவை. அனைத்து கலாச்சாரங்களிலும் ஏற்படுகின்றன; இருப்பினும் கலாச்சார தாக்கங்கள், மன அழுத்தம் மற்றும் அறிகுறிகளின் வகை தாக்கத்தை ஏற்படுத்தக்கூடும். பிள்ளைகள் மற்றும் Mukgfhj பருவ வயதினர் அடிக்கடி உணர்ச்சி ரீதியிலான எதிர்வினைகளை அனுபவிக்கிறார்கள்.</p> <p><u>காரணங்கள்:</u></p> <p>வயது, பாலினம், இனம், அல்லது இனம் ஆகியவை எந்தவொரு நபருக்கும் , z qfjgNghj y; Fi wghL j l VwgLj yhk;. இது மரபியல், வாழ்க்கை அனுபவங்கள், மனோநிலை, மற்றும் , z qfjgNghj y; Fi wghL j l ஏற்படுத்தும் மூளையில் உள்ள இயற்கையான இரசாயனங்கள் ஆகியவற்றின் கலவையாகும்.</p> <p>, z qfjgNghj y; Fi wghL என்பது ஒரு ஆரோக்கியமான உணர்ச்சி அல்லது ஒரு நபரின் வாழ்க்கையில் மன அழுத்தம் ஏற்படுவதற்கான நிகழ்வு அல்லது நடத்தைக்கான எதிர்வினை. இந்த மனkhwwk; 3</p>	<p><u>விளக்குதல்</u></p> <p>கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p> <p><u>விளக்குதல்</u></p> <p>கவனித்தல் மற்றும்</p>
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<p>ஆபத்து காரணிக் S கண்டறி y;</p>	<p>மாதங்களுக்குள் நடக்கும். ஒரு குழந்தை அல்லது Mukgfh y , sk; t aj pd Uf;F இந்த பிரச்சனைக்கு வழிவகுக்கும் சில நிகழ்வுகள் பின்வருமாறு:</p> <ul style="list-style-type: none"> • குடும்ப நடவடிக்கை • பெற்றோரின் விவாகரத்து அல்லது பிரிதல் • mdghd t upd; மரணம் • ஒரு புதிய சகோதரன் அல்லது சகோதரி apd hy; • திடீர் நோய் • பெற்றோர் fsp d; md G , yyhi k <ul style="list-style-type: none"> • நீண்ட காலமாக (நீண்டகால) நோய் <p><u>ஆபத்து காரணிகள்:</u></p> <ul style="list-style-type: none"> • ஒரு தீவிர நோய் கண்டறியப்பட y; • உடல் அல்லது பாலியல் தாக்குதல் • அன்பானவரின் மரணம் • பள்ளியில் பிரச்சனைகள் 	<p>சந்தேகங்கள் கேட்பது</p>
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<p>, z q;figNghj y; Fi wghl ;l pd; அறிகுறிகள் மற்றும் விளைவுகள் .</p>	<ul style="list-style-type: none"> • ஒரு பேரழிவை rej jggJ • ஒரு புதிய நகரத்திற்கு , l kngauj y; மாற்றத்தை சமாளிக்க இயலாமை • பிற மனநல பிரச்சினைகள் • வன்முறை வெளிப்பாடு <p><u>mwpFwpfS;</u></p> <p>, z q;figNghj y; Fi wghl ;l pd; அறிகுறிகள் ஒரு நபரிடமிருந்து மாறுபடும் மற்றும் அறிகுறிகளுக்கு அனுபவம் வேறுபட்டிருக்கலாம். இருப்பினும், மன அழுத்தம் நிறைந்த நிகழ்வுகள்; மூன்று மாதங்களுக்குள் இந்த நோயுற்ற அனுபவமுள்ள அறிகுறிகளுடன் உள்ள அனைவருக்கும் மற்றும் அந்த அழுத்தத்திற்கு எதிர்வினையாற்றும் சமூக, தொழில்சார் அல்லது கல்வி செயல்பாடுகளில் குறிப்பிடத்தக்க சேதம் ஏற்படுகிறது.</p> <p>, z q;figNghj y; Fi wghl ;l pd; அறிகுறிகள் சில:</p> <ul style="list-style-type: none"> ❖ நடத்தை அறிகுறிகள்: • சுய அழிவு நடத்தைகளில் ஈடுபடுதல் • நண்பர்களிடமிருந்தும், முன்னர் அனுபவித்த தி ிகளிடமிருந்தும் 	<p><u>விளக்குதல்</u> கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p>
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விலகுதல்

- தனியாக அதிக அளவு நேரம் கழித்த y_i
- மருந்துகள் அல்லது மதுவைப் பயன்படுத்துதல்
- பள்ளியைத் தவிர்த்தல்
- சண்டை a_{ij} y_i

❖ உடல் அறிகுறிகள்:

- தசை பதற்றம்
- குடைச்சலும் வலியும்
- குமட்டல் மற்றும் வாந்தி
- வயிற்றுப்போக்கு
- தலைவலிகள்
- பசியின்மை மாற்றங்கள்
- வெவ்வேறு தூக்க வடிவங்கள்
- இதயத் தழும்புகள்
- களைப்பு, ஆற்றல் இல்லாமை

❖ அறிவாற்றல் அறிகுறிகள்:

- குறிப்பிட்ட பணிகளில் கவனம் செலுத்த இயலாமை
- அதிகமாக உணர்வு y_i

❖ உளவியல் அறிகுறிகள்:

- மனத் தளர்ச்சி
- கவலைப்படுதல்
- குழந்தையின் வாழ்வில் முக்கியமான நபர்களிடமிருந்து பிரிப்பு பயம்
- நம்பிக்கையற்றதாக உணர்வு y_i
- மனம் அலைபா $A_j y_i$
- நரம்புத் தளர்ச்சி
- தீவிரமான வெளிப்பாடுகள்
- கவலை
- தற்கொலை எண்ணங்கள்

❖ விளைவுகள்

நிகழ்வுகள்; ஆறு மாதங்களுக்குள் , z q f g $Nghj y_i F i wghL$ பெரும்பாலான

சந்தர்ப்பங்களில் தீர்க்கப்படும்போது, சில குழந்தைகள் மற்றும் Mukgfhly இளம்பருவ் j pd h; இந்த நோயால் ஏற்படும் நீண்ட கால விளைவுகளை அனுபவிygh;. இந்த நீண்டகால விளைவுகள் பின்வருமாறு:

- திருமண அல்லது குடும்ப மோதல்கள்
- வேலை செய்ய குறைந்த திறன்
- பொருள் துஷ்பிரயோகம், kJ cgNahfj j y;
- மனச்சிதைவு நோய்
- மன அழுத்தம்
- கவனம் செலுத் சிரமggLj y;
- நடத்தை மாற்றங்கள்
- மனம் அலைபாAj y;
- இருமுனை கோளாறு
- சமூக ஆளுமை கோளாறு
- சுய தீங்கு
- தற்கொலை எண்ணங்கள்

❖ ;cl d;guTk;NehafS;

, z q;figNghj y; Fi wghL கிட்டத்தட்ட எந்த மன நோய்dhYk; அல்லது மருத்துவக் கோளாυhYk; வரலாம். மிகவும் பொதுவாi t சில:

- மன அழுத்தம்
- kd Rowrp கோளாறுகள்
- இருமுனை கோளாறு
- பல மருத்துவ நிலைமைகள்

, z q;figNghj y; Fi wghl ;l pd; வகைகளிடபட்டியல்.

, z q;figNghj y; Fi wghl ;l pd; பல துணை வகைகள் உள்ளன மற்றும் நோய் கண்டறிதல் ஒரு மன அழுத்த நிகழ்வுக்குப் பின் குழந்தையின் உணர்ச்சி அறிகுறிகளையும் நடத்தையையும் சார்ந்துள்ளது. குறிப்பிட்ட உட்பிரிவுகள் உள்ளன:

- மனச்சோர்வு மனநிலையுடன் , z q;figNghj y; Fi wghL :

ஒரு குழந்தை அழுவு மயக்கk; VwgLtJ , வழக்கமான செயல்பாடுகளில் ஆர்வம் இழப்பு, நம்பிக்கையற்ற மனப்பான்மை,

<p>, z qfigNgh j y; Fi wghl j pd; வகைகளிடபட் டியல்.</p>	<p>அதிகரித்த சோகம் ஆகியவற்றை வெளிப்படுத்தலாம்.</p> <ul style="list-style-type: none"> • <u>கவலை கொண்ட , z qfigNghj y; Fi wghL</u> ஒரு குழந்தை வழக்கkhd i j t pl ஆர்வத்துடDk; மற்றும் கவலைALDk; தோன்றும். கவலையைப் பிரித்தெடுப்பதன் மூலம் மனக்கவலைi a வெளிப்படுத்தலாம்.ஒரு குழந்தை பராமரிப்பாளரிடமிருந்து பிரிக்கப்படுவதைப் பற்றி கவலைப்படுகையில் , z qfigNghj y; Fi wghL Nj hdWk;. • <u>கலப்பு கவலை மற்றும் மனச்சோர்வு மனநிலையுடன் , z qfigNghj y; Fi wghL</u> ஒரு குழந்தை மனச்சோர்வு மனநிலை மற்றும் கவலைi a அனுபவிக்கும் போது, அவUf;F இந்த துணை வகை கண்டறியப்படK;. • <u>நடத்தை சீர்குலைவு மூலம் , z qfigNghj y; Fi wghL :</u> நடத்தை மாற்றங்கள் Nj hdWk; போது ஒரு குழந்தைf;F இந்த துணை வகை கண்டறியப்படK;, அவர் அதிகரித்த மீறலை வெளிப்படுத்தக்கூடும் அல்லது அவள் திருட அல்லது சண்டையிட ஆரம்பிக்கலாம். 	<p>விளக்குதல்</p> <p>கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p>
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- உணர்ச்சிகள் மற்றும் நடத்தை கலவையான கலவரம்:

பதட்டம், கவலையின்மை மற்றும் வெளிப்பாடுகளில் ஏற்படும் மாற்றங்களை அனுபவிக்கும் ஒரு குழந்தை உணர்ச்சிகள் மற்றும் நடத்தைகளின் கலவையான தொந்தரவால் கண்டறியப்படலாம்.

- சரிசெய்தல் ஒழுங்கீனம் குறிப்பிடப்படாதது:

மன அழுத்தத்தை அனுபவிக்கும் ஒரு குழந்தை $F_i F_{mJ}$, மன அழுத்தம் நிறைந்த நிகழ்வுடன் தொடர்புடையது.

- $z_{qfij} N_{ghj} y; F_i w_{ghl} j; y;$ குழந்தைகளின் நிகழ்வு:

அனைத்து வயதினருக்கும் $z_{qfij} N_{ghj} y; F_i w_{ghL}$ ஏற்படும் மற்றும் குழந்தைகள் மற்றும் இளம் வயதினரிடையே மிகவும் பொதுவானவை. —

- ஆண்கள் மற்றும் பெண்கள் $S f; F$ சமமாக $V_{wgLk};$
- எல்லா கலாச்சாரங்களிலும் $V_{wgLk};$

ஆனால் கலாச்சார அழுத்தங்களின் அடிப்படையில் அழுத்தங்களும் அறிகுறிகளும் மாறுபடும்.

- $z_{qfij} N_{ghj} y; F_i w_{ghl} j; l$ கண்டறிதல்:

- ஒரு மனநல நிபுணர் அடிக்கடி மதிப்பீட்டிற்குப் பிறகு நோயறிதலை fZ j Wபார்.
- அவர் உங்களுடDk;, உங்களுடைய Ji dtUI Dk;, kwWk; உங்கள் பிள்ளைகளுடDk; ci uahL t hh;.
- உங்கள் பிள்ளையின் அபிவிருத்தி, வாழ்க்கை நிகழ்வுகள், உணர்ச்சிகள், நடத்தை மற்றும் மன அழுத்தம் நிறைந்த நிகழ்வின் முழுமையான வரலாற்றை அவர் NfI ghh;.

, z qfjgNghj y; Fi wghl j pd; சிகிச்சை:

- ❖ ஒரு , z qfjgNghj y; Fi wghL கொண்ட குழந்தைக்கு சிகிச்சையின் வகை, குழந்தைகளின் வயது, அறிகுறிகள் மற்றும் மன அழுத்தம் நிறைந்த நிகழ்வு போன்ற பல காரணிகளை சார்ந்துள்ளது.
- ❖ ஒரு சுகாதார தொழில்முறை குறிப்பிட்ட பரிந்துரைகளுடன் தனிப்பயனாக்கப்பட்ட சிகிச்சை திட்டத்தை உருவாக்கும். அவசியமான போது, ஒரு மனநல மருத்துவர் போன்W ஒரு பிற நிபுணர்களிடம் ஒரு குழந்தைக்கு MNyhri d nraayhk;.

<p>, z qfjgNgh j y; F i wghl j pd; சிகிச்சை பற்றி எழுதுக.</p>	<p><u>, z qfjgNgh j y; F i wghl j pd;</u> மிகவும் பொதுவான சிகிச்சைகள் சில:</p> <ul style="list-style-type: none"> • <u>தனிப்பட்ட சிகிச்சை:</u> தனித்த சிகிச்சைapy; சிக்கலை தீர்க்கும் திறன், உந்துவிசை கட்டுப்பாடு, கோபம் மேலாண்மை, மன அழுத்த மேலாண்மை, மற்றும் தொடர்பு போன்ற திறன்களை கற்பிக்க முடியும். • <u>குடும்ப சிகிச்சை:</u> குடும்ப இயக்கவியல் மாற்றங்FS; உரையாl y; மற்றும் குடும்ப உறுப்பினர்கSpd; தொடர்i g மேம்படுத்த குடும்ப சிகிச்சைi a பயன்படுத்தப்படலாம். • <u>பெற்றோர் பயிற்சி:</u> பெற்றோர் பயிற்சி, நடத்தை பிரச்சினைகளை எதிர்கொள்ள புதிய திறன்கi s பெற்றோர்கள் கற்று nfhSS உதவுகிறது. வரம்புகளை அமைப்பதற்கும் விளைவுகளை j Lggj wF k; பெற்றோருக்கு புதிய ஒழுங்குமுறை உத்திகள் அல்லது அதிக பயனுள்ள வழிகளைக் கற்றுக்கொL f;fலாம். 	<p><u>விளக்குதல்</u></p> <p>கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p>
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- மருந்து:

மருந்துகள் நீண்டகால பிரச்சினைகளுக்கு பயன்படுத்தப்படலாம் என்றாலும், அறிகுறிகள் கடுமையாக இருந்தால், குறிப்பிட்ட அறிகுறிகளைக் குறித்து ஒரு மருந்து கொடுக்கப்படலாம்.

- குறிக்கீழ்:

சமூக திறன்கள் அல்லது தகவல் தொடர்பு திறன்களை கூர்மைப்படுத்துவதற்காக குறிக்கீழ் பயன்படுத்தப்படலாம்.

ஆரம்பிக்கும், கடுமையாக இருக்க முடியும் மற்றும், கடுமையாக இருக்க முடியும் பெரிய மனத் தளர்ச்சி போன்ற மிக மோசமான நிலைக்கு மாறும். குறிக்கீழ் பொதுவாக மிகவும் பயனுள்ளதாக இருக்கும். ஒரு குழந்தை ஒரு வகை குறிக்கீழ் சரியாக பதிலளிக்கவில்லை என்றால், ஒரு மனநல நிபுணர் மற்றொரு அணுகுமுறைக்கு முயற்சி செய்யலாம்.

, கடுமையாக இருக்க முடியும்

Mukgfhyl இளம் பருவங்களில், கடுமையாக இருக்க முடியும்

குறைப்பதற்கான தடுப்பு நடவடிக்கைகள் , d;Dk; rhpahf fZ ;l wpyggI வில்லை. ஆயினும், ஆரம்பகால ஆய்வுகள் மற்றும் உங்கள் இளம்பருவத்திற்கான தொழில்முறை உதவிAl d; அறிகுறிகளின் தீவிரத்தை குறைக்கலாம், சாதாரண வளர்ச்சியை மேம்படுத்துதல் மற்றும் உங்கள் குழந்தையின் உயிர் தரத்தை மேம்படுத்துதல்

உங்களுக்கு ஆதரவளிக்க வலுவான நெட்வொர்க்கை உருவாக்குதல்

- கடினமான சூழல்களில் சாதகமானi j தேடுj y;
- ஆரோக்கியமாக வாழுj y; kw;Wk; நல்ல சுய மரியாதையை நிறுவுதல்.

பெற்றோர்fSpd; பங்கு:

ஒவ்வொரு பெற்றோரின் குறிக்கோளும் மகிழ்ச்சியான மற்றும் நன்கு , z q;fjgNghF k; குழந்தையை உUthf;F வதாகும். பிறப்பு முதல் குழந்தைக்கு பெற்றோரிடமிருந்து நேரம் மற்றும் கவனம் தேவை. சில நேரங்களில் பெற்றோர்கள் ஒரு "வெற்றிகரமான" குழந்தையை வளர்க்க ஆர்வமாகிவிடுகிறார்கள், தங்கள் குழந்தை அல்லது குழந்தைகளுடன் நேரடியாக செலவழிக்கும் நேரத்தின் முக்கியத்துவத்தை அவர்கள்

<p> , z qfjgNgh j y; Fi wghl j l தடுப்பதில் பெற்றோர்களி ன் பங்F. </p>	<p>ஒதுக்கிவைக்கிறார்கள்.</p> <p>ci uahLk; நேரம் குழந்தை மற்றும் பெற்றோர் முழுமையாக ஒன்றாக ஒரு நடவடிக்கைay; ஈடுபட்டு நேர் j j கழிggj hFk;.</p> <p>இந்த நேரத்தின் முக்கியத்துவம்:</p> <ul style="list-style-type: none"> • குழந்தை முக்கியமான மற்றும் நேசிப்பதாக உணர்t J . • பெற்றோரின் நடத்தை மாதிரியாக vLj j nfhss அவருக்கு ஒரு வாய்ப்பு fpi l f;Fk;. • பெற்றோருக்கு சிறப்பான பலம் மற்றும் பலவீனங்களைப் பற்றி கற்றுக்கொள்ள வாய்ப்பு fpi l f;Fk;. • குழந்தைக்கு அவர்களின் எண்ணங்களையும் உணர்ச்சிகளையும் ntsjggLj j வாய்ப்பு fpi l f;Fk;. • பெற்றோரும் குழந்தைகளும் வலுவான உறவை வளர்த்துக்கொள்வர். • பெற்றோர்கs; தங்கள் உறவுகளின் தொடர்ச்சியான முக்கியத்துவத்தை அறிந்து கொள்ள வேண்டும். • உயர்நிலைப் பள்ளியில் நுழைதல் போன்ற மாற்றங்களின்போது தங்கள் 	<p>விளக்குதல்</p> <p>கவனித்தல் மற்றும் சந்தேகங்கள் கேட்பது</p>
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பிள்ளைகளுக்கு அதிகமான ஆதரவு தேவைப்படுமென பெற்றோர்களுக்கு
nj hpa வேண்டும்.

- குழந்தை ஆபத்தான சூழ்நிலைகளில் ஈடுபடுவதை கண்காணிப்பதற்கும்
பாதுகாப்பு வழங்குவதற்கும் பெற்றோர்கள் தங்கள் குழந்தைகS I d;
நேர்j i j nrytpl வேண்டும்.

- பெற்றோர்கள் தங்கள் குழந்தை பல்வேறு சக குழுக்களுடன் தொடர்பு
கொள்ளti j Aம், பள்ளியில் தங்கள் குழந்தைகSpd; நடவடிக்கைகளை
கண்காணிக்கவும் வேண்டும்

, z qfjgNghj y;Fi wghl i l தடுப்பதில் பெற்றோர்களின் gq;F :

- பெற்றோர்-குழந்தை உறவு திறன்:

தரமான நேரத்தை செலவு செய்தல், நேர்மறையான தகவல்
தொடர்பு மற்றும் மகிழ்ச்சியான பாசம்.

- விரும்பத்தக்க நடத்தை ஊக்குவித்தல்:

புகழ் மற்றும் உற்சாகம், அப்பட்டமான கவd k;, ஈடுபடும்
செயற்பாடுகளை எளிதாக்குதல்.

• கற்பித்தல் திறன்கள் மற்றும் நடத்தைகள்:

ஒரு நல்ல உதாரணம், தற்செயலான கற்பித்தல், பங்கு வகிக்கும் திறன் மற்றும் பிற முறைகள் ஆகியவற்றின் திறமை வாய்ந்த தகவல்தொடர்பு, தர்க்கரீதியான ஊக்கங்கள் மற்றும் விளைவுகளைத் தெரிவித்தல்.

• தவறான நடத்தையை நிர்வகித்தல்:

உறுதியான நிலைப்பாடு மற்றும் நேரத்தை மிதமிஞ்சிய நிலைப்பாடு மற்றும் சர்வாதிகாரியாக மட்டுமின்றி கட்டுப்பாடான வழிமுறையைப் பயன்படுத்தி, தெளிவான மற்றும் அமைதியான வழிமுறைகளை வழங்குவதற்கும், சிக்கல் நடத்தைக்கு பொருத்தமான விளைவுகளைத் தெரிவிப்பதற்கும், உறுதியான தரப்பினரை நிர்வகித்தல்

• எதிர்நோக்குதல் மற்றும் திட்டமிடல்:

குழந்தைகி s சவால்களுக்கு தயாராக்குவதற்கு மேம்பட்ட திட்டமிடல் மற்றும் தயாரித்தல், ஈடுபாடு மற்றும் வயதிற்கு ஏற்ற மேம்பாட்டு நடவடிக்கைகளை கண்டறிதல், சுய மேலாண்மை

நடைமுறைக்கு வழிகாட்டுதலுடன், தொடர்ச்சியான விவாதங்களை நடத்துதல், சாத்தியமான எதிர்மறையான வளர்ச்சி பாதைகி s அடையாளம் காணல்.

சுய கட்டுப்பாடு திறன்கள்:

மேம்பாட்டு இலக்குகளை மேம்படுத்துதல், வலிமை மற்றும் பலவீனங்களை மதிப்பீடு செய்தல், திறன்களை முன்னேற்றுவதற்கான நடைமுறை பணிகளை அமைத்தல், கண்காணித்தல் மற்றும் நடத்தைகளை வெளிப்படுத்துதல் மற்றும் நேர்மறை மாற்றத்திற்கான தனிப்பட்ட இலக்குகளை அமைத்தல்.

• மனநிலை மற்றும் சமாளித்தல் திறன்கள்:

திறமையற்ற எண்ணங்கள் (திசைமாற்றங்கள், இலக்கு நோக்குநிலை மற்றும் நெறிகள்), மன அழுத்தம் மற்றும் பதற்றம் மேலாண்மை (சுயத்திற்கும் வீட்டிற்கும்), தனிப்பட்ட சமாளிக்கும் அறிக்கைகள் மற்றும் உயர் ஆபத்து நிலைமைகளுக்கான திட்டங்களை உருவாக்குதல்,

குடும்ப உறுப்பினர்களிடையே மரியாதை மற்றும் கருத்தாய்வு, நேர்மறையான ஈடுபாடு: ஊக்கமளிக்கும் கூட்டுறவு நடவடிக்கைகள் / சடங்குகள் ஆகியவற்றை ஈடுபடுத்துதல்.

• தொடர்புத் திறனாளிகள்:

தனிப்பட்ட தகவல்தொடர்புகளை மேம்படுத்துதல், ஆக்கபூர்வமான பின்னூட்டம் மற்றும் ஆதரவைப் பெற்றுக்கொள்ளதல், எதிர்மறையான குடும்ப ஒருங்கிணைப்பு பாணியை தவிர்த்து, தழுவல், ஒத்துழைப்பு அல்லது முன்னணி / வழிநடத்தும் சிக்கல் தீர்க்கும் சிக்கல்கள், உறவு மகிழ்ச்சியை மேம்படுத்துதல் மற்றும் நல்லுறவை மேம்படுத்துதல்.

குழந்தைகள் , z q.fiqNghj y; Fi wghl j l ஊக்குவிக்க பெற்றோர் நடவடிக்கைகள்:

மகிழ்ச்சியான மற்றும் ஆரோக்கியமான குழந்தைகளை ஊக்குவிப்பதற்கான நடவடிக்கைகள் கணக்கிலடங்கா மற்றும் விலையுயர்ந்த அல்லது அணுக கடினமாக இருக்க வேண்டிய அவசியம் இல்லை. குழந்தைக்கு உங்கள் முழு கவனத்தையும் கொடுக்க வேண்டும்.

தொடங்குவதற்கான சில பரிந்துரைகள் இங்கே.

1. குடும்ப உணவு நேரம். உணவின் போது, குழந்தைகளுக்கு சுவாரஸ்யமான விஷயங்களைப் பற்றி பேசவும், பள்ளி மற்றும் வேலை போன்ற வழக்கமான விஷயங்களை பேசவும் குழந்தைகளை ஊக்கப்படுத்தப்படலாம்.

2. வீட்டுப்பாடம். பெற்றோர்கள் தங்கள் பிள்ளைகளுடன் நேர்மறையான நேரத்தை செலவழிக்க முடியாமல் போனால், இது ஒரு நல்ல பிணைப்பை வலுப்படுத்தும்.

3. விளையாட்டு. புறநகர்ப்பகுதி, வீட்டில் போட்டியிடுவது, அல்லது குழந்தை விளையாடுவதைக் கவனிப்பது, செயலில், நேர்மறையான ஈடுபாடு கவனம், வெகுமதி போன்றவை.

4. வரைதல், கைவினை, சேகரிப்பு போன்ற பொழுதுபோக்குகள் உரையாடலுக்கு பெரும் பங்களிப்பை விளைவிப்பவை.

5. வாரிய விளையாட்டுகள் குடும்பத்திற்கு ஒருவருக்கொருவர் ஓய்வெடுக்க மற்றும் கவனம் அனுபவிக்க அனுமதிக்கின்றன.

	<p>6. சாராத செயற்பாடுகள் பிணைப்புக்கு சிறந்த வாய்ப்பாக இருக்கும்.</p> <p>7. மத நடவடிக்கைகள்.</p> <p>8. நாடக அரங்கத்திற்கு செல் Y j y; தொலைக்காட்சியை பார் j j y;</p> <p>9. நீச்சல், நடை, சைக்கிள், அல்லது முகாம் போன்ற வெளிப்புற நடவடிக்கைகள்.</p> <p>10. பள்ளி நிகழ்வுகளை f t d j j y;.</p> <p>11. இ s k; g U t j j p d h;, G j j f k; வாசிப்பதற்கான படிக்கவழக்கங்கி S V w g L j j j y;</p>	
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